DOCUMENT RESUME

ED 094 295 CG 009 079

TITLE	Manual for Developing a Crisis Counseling Program.
INSTITUTION	David Douglas Public Schools, Portland, Oreg.; Oregon State Dept. of Education, Salem.
PUB DATE	74
NOTE	182p.
AVAILABLE FROM	Documents Clerk, Oregon State Department of Education, 942 Lancaster Drive, N.E., Salem, Oregon 97310
EDRS PRICE	MF-$0.75 HC-$9.00 PLUS POSTAGE
DESCRIPTORS	*Counseling Centers; *Counseling Programs; *Crisis Therapy; Guidance Centers; Manuals; Program Guides; *Volunteer Training
IDENTIFIERS	Elementary Secondary Education Act Title III; ESEA Title III; Portland Hot Line Program

ABSTRACT

This manual is designed for the reader interested in complete requirements for establishing and maintaining a personal crisis counseling program. However, because it is divided into books and sections which can be read as specialized manuals in and of themselves, it is also a useful guide for the reader seeking specific program information. Thus it should be useful to a number of persons involved with the initiation and operation of a program: community supporters, sponsors, administrators, volunteers, referral agency personnel, news media representative, and the interested public. Although this manual contains general guidelines for establishing and operating a crisis counseling program, it is based on the specific experiences of the Portland, Oregon, Hot Line Program. Subject matter is divided into two books. Book I offers advice on the overall administrative procedures required in setting up and operating a Hot Line program. Book II, which focuses on training volunteers, is subdivided into two sections the first of which deals with the procedure for setting up, operating and evaluating a training program. The second outlines the content of a general training curriculum. Forms, charts and other sample materials are included in an appendix section. (Author)

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MANUAL FOR DEVELOPING A CRISIS COUNSELING PROGRAM

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MANUAL FOR DEVELOPING A CRISIS COUNSELING PROGRAM

This program development guide is based on the experiences of the Portland, Oregon, Hot Line, a personal crisis counseling program which, since 1970, has operated in Portland and has been supported by a combination of volunteer labor and in-kind services from the David Douglas School District, by private donations, and by funds from Title III of the Elementary and Secondary Education Act.

David Douglas School District Superintendent
Howard F. Horner

Hot Line Director
Don O'Neill

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Dale Parnell, Superintendent of Public Instruction

PREFACE

The Manual for Developing a Crisis Counseling Program is one of a number of guides which describes innovative projects impacting on Oregon education which are funded wholly or partially under Title III of the Elementary and Secondary Education Act. The guides have been developed to give these new projects exposure and to help those who may wish to adopt them in their own locale. Thus, they are called adopters' guides. In order to insure the availability of the adopters' guides, the Oregon State Department of Education has assumed responsibility for their production and distribution. In addition, the department has compiled a catalog which lists these promising new education projects and practices in Oregon. This guide and the catalog, which is entitled Promising Practices in Oregon Education, may be obtained free of charge by writing to Documents Clerk, Oregon State Department of Education, 942 Lancaster Drive, N.E., Salem, Oregon 97310.

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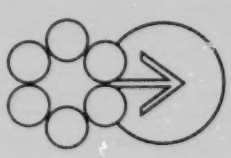

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TABLE OF CONTENTS

Preface i

Table of Contents iii

Introduction. 1

History of the Portland Hot Line. . 2

I. PROGRAM DEVELOPMENT 5

1. Planning 7

Assessing the Need for a Crisis Service 7

Drawing a Plan to Meet Identified Needs 7

2. Support and Formation. 9

Developing Community Support . . 9

Securing Material and Financial Resources 10

Forming an Administrative Staff . 11

Forming a Corps of Volunteer Assistants 13

Forming an Advisory Board. . . . 13

Setting Up the Hot Line Center Facility 14

3. Operation. 17

Managing the Hot Line Center . . 17

Scheduling Volunteers for Duty . 18

Maintaining Linkages to Referral Agencies 19

Maintaining Personnel Effectiveness 21

II. TRAINING 23

1. Training Design 25

The Need for Training 25

Prerequisites for Training and Service 25

Accepting Volunteers for Service 27

Making Arrangements for the Training Program 28

Evaluating the Training Program 29

2. Curriculum 33

Using the Training Curriculum Outline 33

Training Sessions 1 and 2: Orientation and Communication . 33

Training Session 3: Overview of Types of Calls to Hot Line . 35

Training Session 4: Counseling Drug Users. 36

Training Session 5: Telephone Simulation. 37

Training Session 6: Listening. 38

Training Session 7: Legal Aspects of Hot Line Work 39

Training Session 8: First Aid and Pharmacological Aspects of Drugs 40

Training Session 9: Referral Agencies 42

Training Session 10: Telephone Simulation. 42

Session 11: Comprehensive Examination 43

III. APENDIX 45

A: Handling Hot Line Calls: General Guidelines 47

B: Case Situations 57

C: Sample Telephone Simulations. . 69

D: Hot Line and The Law. . . . 97

E: Bibliography for Hot Line . . 131

F: Drug Fact Sheet 141

G: Portland Hot Line Application . 145

H: Portland Hot Line Pledge Sheet . 147

I: Hot Line Candidates' Duty Preference Cards. 149

J: Duty Roster 151

K: Sample File Cards For Referral Agencies. 153

L: Log Sheet 155

M: Confidential Frequent Caller Sheet 157

N: Telephone Simulation Rating Form. 159

O: Comprehensive Examination . . 161

P: Self-Evaluation Form. . . . 167

Q: Hot Line Staff Organization Chart 171

R: Hot Line Center Organization Chart 173

INTRODUCTION

This manual is designed for the reader interested in the total requirements for establishing and maintaining a personal crisis counseling program. However, because it is divided into books and sections which can be read as specialized manuals in and of themselves, it is also a useful guide for the reader seeking specific program information. Thus it should be useful to a number of persons involved with the initiation and operation of a program: community supporters, sponsors, administrators, volunteers, referral agency personnel, news media representatives, or the interested public.

Although this manual contains general guidelines for establishing and operating a crisis counseling program, it is based on the specific experiences of the Portland, Oregon, Hot Line program, which is headquartered in the suburban David Douglas School District. Like many of the communities this manual may reach, Portland felt the need for a program that could give phone-in or walk-in counseling to persons who didn't know where else to turn in a moment of crisis. Since there was no blueprint that Portland citizens could turn to in constructing a personal crises service program of this nature, they went ahead and built their program according to the needs they saw in the community. While other communities should also respond primarily to their own needs and circumstances, this manual should enable them to streamline some of their efforts to establish and maintain such a program.

Since this manual deals with the procedures for establishing and operating a personal crisis service program, it is appropriate to define that term. As it is used here, personal crisis implies a situation in which an individual finds it hard, or impossible, to cope with a problem that---for one reason or another---has reached an intensely emotional or acute stage. From the standpoint of the program outlined in this manual, the key characteristic of the personal crisis is the difficulty or the inability of the individual to face it effectively alone. Whether the problem is loneliness, suicidal depression, drug dependency, pregnancy, venereal disease, an internal conflict in values, or an emotional conflict with others, its very intensity can disorient the individual to the extent that he or she cannot solve it without the understanding and help of others.

Just as most communities have physicians and clinics to deal with medical needs, most communities have public or private counseling services to help people deal with personal problems. However, while medical emergency help is available at all hours, personal crisis help is often available only during business hours.

Given the destructive consequences of so many unaided personal crises, to both the individual and society, a community may want to consider establishing a phone-in or walk-in service center to counsel, console, or simply hear out troubled persons who find other sources of help immediately unavailable.

Hot Line is such a program. As its name implies, it is a line of communication open when others are not, a volunteer service willing to help people deal with personal problems that have reached a crisis or "hot" stage when other help is not at hand.

In this manual, the term Hot Line program is often used synonomously with the term personal crisis counseling program.

The subject matter of this manual is divided into two books. Book I supplies advice on the overall administrative procedures required in setting up and operating a Hot Line program. Book II, which focuses on training volunteers, is divided into two sections. The first section deals with the procedure for setting up, operating, and evaluating a training program. The second section outlines the content of a general training curriculum. The book on training, combined with reference material in the appendix to the manual, constitutes a useful reference source for trainees and veteran staff members alike.

HISTORY OF THE PORTLAND HOT LINE

During the late 1960's, as drug abuse became more evident in the David Douglas School District, Counseling Specialist Don O'Neill found that both day and evening counseling sessions could not handle the number of people in need of help or referral, not only in regard to drug problems, but all kinds of personal problems.

In order to provide a helping service to these potential clients, O'Neill presented the Hot Line phone-in and walk-in center concept to the school district drug council and other interested citizens. The program received the endorsement of the drug council and other elements of the community and thus was born. O'Neill became its volunteer director and immediately began to marshal support and organize the program. Space for the Hot Line center was obtained at the Savage Memorial Presbyterian Church, and in July of 1970, 20 volunteers were trained to work at the center. On July 25, Hot Line began as a Saturday evening telephone and walk-in counseling center which averaged about 15 calls and 12 walk-ins per night. As the weeks went by, both calls and walk-ins increased. So Friday evening was added to the program and the center's hours were expanded from 8 p.m. to midnight to 6 p.m. to 1 a.m. As the months went by, the days and hours of the program were extended. By June 1, 1971, the Hot Line center was operating seven days a week. Monday through Thursday it was open from 6 p.m. to midnight; Friday and Saturday, 6 p.m. to 4 a.m.; and Sunday, 4 p.m. to midnight.

Today the center has four phones, 175 trained volunteers, and work area (in the same church) that now includes a phone room, a walk-in reception area and game room, and two counseling rooms. About 2,600 calls and 800 walk-ins are logged per month. Since its inception, the program has logged more than 60,000 calls. Fifty-two percent of them deal with emotional or life adjustment problems manifested in depression or anxiety over such things as finances, school or work situations, pregnancy, or interpersonal relationships with friends or relatives. Twenty-six percent are drug related. Twelve percent deal with runaways---people seeking a place to stay, those kicked out of their homes, or those running from an unpleasant home situation. Five percent seek information about Hot Line or sources of help Hot Line may know about in regard to special needs.

In April 1972, $50,000 was granted to Portland Hot Line under Title III of the Elementary and Secondary Education Act. This has allowed the program to set up the special training process that is described in this manual.

The Portland Hot Line is now in its fourth year of operation and growing as more and more people become

aware of its services. The schools encourage young people to use the service. And Hot Line reaches into the schools through teams of volunteers who talk to student groups and also appear, upon request, before many groups in the community. Occasionally, these speaking groups take with them a group of Hot Line actors who present a special play about drug abuse and emotional problems. The program also provides a drug laboratory analysis service. This service has been responsible for getting warnings out onto the street about drugs with extremely harmful ingredients.

This manual represents the latest service of the Hot Line program. It is designed not only to help its own personnel, but also to help those who want to help others through the establishment of such a program.

I

PROGRAM DEVELOPMENT

1

PLANNING

ASSESSING THE NEED FOR A CRISIS SERVICE

While most communities seem to need the services that are provided by a personal crisis center, it would be wise to assess such a need before taking any steps toward creating your own Hot Line program. First, such an assessment will tell you if you need a program. Second, if you do need a program, a needs assessment will help you plan it more effectively to meet needs where they are greatest.

To assess the personal crisis needs of your community, you might ask the following questions. What is the volume of personal crisis problems reflected in such official statistics as drug addiction, drug-related deaths, and drug overdose cases; run away children; attempted suicide; suicide deaths; unwed pregnancies; venereal disease? How much deeper do officials feel these problems are below the surface statistics? What private and public services exist to help people with immediate, personal crisis problems? How effective are these existing services? Do these agencies have the resources to increase their helpfulness to people in trouble at all hours?

If the problems are prevalent, if existing agencies are not meeting the community need, and if these agencies appear unable to gear up to meet the need more fully, then you have ample, indeed compelling, reason to plan a personal crisis helping service like Hot Line.

DRAWING A PLAN TO MEET IDENTIFIED NEEDS

Once you have identified the personal crisis needs of your community and found that they justify a Hot Line program, you should then outline a plan to deal with those needs. This manual is designed to help you in such an undertaking. However, you should be aware that any manual of this type has limitations. While it offers a great deal of procedural advice validated by experience, it is nevertheless--of necessity--a general guide which cannot possibly anticipate the variations among communities and their

personal crisis problems.

So use this manual in your planning primarily as a foundation. The specific aspects of your plan will have to grow out of the particular needs you discover in your needs assessment and the particular resources available to the community. In other words, program goals and objectives, and procedures for achieving these outcomes, should be tied to identified, prioritized needs. And they should be clearly written.

2

SUPPORT AND FORMATION

DEVELOPING COMMUNITY SUPPORT

A service like Hot Line can be neither developed nor maintained without a broad base of community support: political support, the support of volunteer workers, and the cooperative support of agencies and groups to whom people with problems can be referred.

To develop select, high-level political support, find out which people and groups in the community power structure have demonstrated an interest in attacking the problems Hot Line is designed to attack. Seek them out, show them your needs assessment, show them your plan for Hot Line, and ask for their advice and help. To develop a broader base of organizational political support, find out what social service clubs, professional groups, private businesses, public agencies, and citizens associations have shown an interest in the problems Hot Line will deal with. Show them the scope of need and the Hot Line design. Ask their advice and help. Use the help of all interested political resources to refine the program design; to help it get funding; to volunteer materials resources, space, or services; and to help win acceptance and support for the program by other groups and individual citizens in the community.

To win broad support, you should plan a public relations campaign to make people aware of the need for Hot Line and the Hot Line approach. The keys to an effective public relations campaign are personal speaking appearances and media coverage. Therefore, form a nucleus of effective public speakers who understand the program and who are willing to appear before various groups to explain it and win it additional support. Keep the news media informed through news releases and conversations with editors and reporters about efforts to organize the Hot Line program. Ask for editorial page or broadcast commentary endorsement. Seek to place your program speakers on radio or television discussion shows. Explain (or defend) the program through letters to the editor or letters to broadcast media which read viewer comment on the air. It is difficult to influence or change public opinion overnight. However, a well-organized public relations campaign should be able to generate noticeable support within a few months. Once the

program has gained enough support to begin operation, maintain the public relations program to help insure the program's continued support from the community. Continue to tell the Hot Line story through the media and through speaking appearances. Utilize public service announcements to inform people of the Hot Line center's services, location, and hours of operation. Distribute brochures and business cards which contain this information. Welcome people to visit the center to learn more about its operation.

When people offer their support, acknowledge it and put it to use immediately. Welcome the help of people who are different in age, sex, race, occupation and abilities. They all have contributions to make. Listen to their ideas, answer their questions, support their efforts to support the program, and help them find and use their strongest talents to the benefit of the program. If you do that, you will weld together their diverse offerings to the best advantage and you will achieve broad-based community support and involvement.

SECURING MATERIAL AND FINANCIAL RESOURCES

Once you have identified the need for a Hot Line program, designed a plan to meet that need, and established community support for the plan, you must then secure resources to operate the program. People with interest and commitment are the most important resource to the program, and many of these human resources will be found as you seek community support. But before you can utilize human resources, you have to have an adequately equipped physical setting in which to operate. In short, you have to secure material and financial resources.

While it would be ideal to obtain full funding to underwrite an operational facility with equipment and supplies, do not be deterred if that level of financial support is not immediately available. You can still start a program on limited funds and on donated facilities, equipment, and supplies. If the program has positive impact with that kind of beginning, you can justifiably seek more substantial financial backing in subsequent planning cycles.

Initially, the most important material resource is a site with adequate space and at least two telephones. If you are intially planning a Hot Line service to operate during the off-business hours, you may want to try to obtain use of a facility from an organization which only functions during business hours. A church would be even more ideal since churches often use their facilities a small percent of the week. Of course, you must offer (and honor) assurances that your program will treat the facility and its contents with great care.

A twenty-four hour, seven-day-per-week Hot Line program will probably require more funding--primarily for space rental--than an off-hours program. If more funds are necessary, you may seek them from philanthropic sources or government grant sources. Or, you may initiate a fund drive. If you choose to raise money through a fund drive, consider approaches similar to the three levels recommended for gaining community political support. Identify and solicit support from affluent individuals or organizations sympathetic to the program. Seek the aid of interested service organizations skilled in raising funds through benefit projects. Canvass for funds door-to-door if local laws permit it. Just be sure whether you use any or all of these three methods of fund raising, that the effort is well organized to avoid duplicate solicitations and that the funding solicitors are thoroughly able to explain the program, why it needs money, and how that money will be used.

FORMING AN ADMINISTRATIVE STAFF

There is no one management scheme by which a Hot Line program must be organized. However, the model that seems to prove most effective in practice incorporates as its main components a volunteer corps of telephone and walk-in center counselors and an administrative staff utilizing the policy guidance of an advisory board.

The way in which the administrative staff is formed will depend on the promoters and backers of the Hot Line program. With the concurrence of program

supporters, the promoters may decide to form the program staff from their own group. Or, they may select a director (from inside or outside their group) to staff and manage the program. In any case, selecting the regular staff is a critical step in putting the program into operation. As the nucleus, the administrative staff will set the tone for the character and quality of the entire program.

Basically, the administrative staff should consist of the director, an assistant director, a secretary, and one or more professional people to serve as advisors, trainers, and Hot Line center managers. While each of these roles will require specific technical skills, a number of characteristics should be common to all staff members. For example, they should have demonstrated by past involvement both interest and success in helping people with personal problems. They should be familiar with basic concepts in educational and behavioral psychology, group dynamics, and interpersonal relations; and they should be familiar with the range and basic services of other helpirg agencies in the community.

Both the director and assistant director must have sound management skills, although each will be concerned with different tasks. The director, for example, will be concerned with broader issues of program policy, program development, and relations with the community. The assistant director, on the other hand, will be more responsible for such daily program tasks as overall supervision and scheduling of telephone assistants, implementation of training, and the execution of routine Hot Line center business. The program secretary must have typing, filing, and general bookkeeping skills. Professionals attached to the staff should be chosen for their particular expertise in such fields as drug abuse, psychology, medicine, counseling, sociology, child abuse, and education. In addition, they should have experience in helping people with personal problems and in training others to help people with personal problems.

The degree to which staff members receive pay will depend on funding. Since staff pay makes up the largest portion of a budget in this kind of program, it is desirable to keep staffing as voluntary as possible when funding is limited.

A possible staff organization chart is shown in Appendix Q.

FORMING A CORPS OF VOLUNTEER ASSISTANTS

Once the program's administrative staff has come together, it should proceed to recruit, train, and utilize a corps of volunteer counseling assistants to help people who call or come into the Hot Line center.

The campaign to recruit program assistants will be an integral part of the campaign (see pages 9 and 10) to develop community support for the program. As the program itself is promoted through guest speaking appearances and the media, the awareness and interest of potential volunteers will be stimulated. However, when the program is ready to select and train assistants, it should advertise for them directly. Mailers, free public service broadcast announcements, newspaper ads, bulletin board notices, and word of mouth are all effective means of announcing the need for program assistants. Regardless of the medium, each announcement should clearly explain what qualifications are expected of applicants, what training they will receive, what tasks they will be expected to perform, and what time commitments they will be expected to make.

This kind of thoroughness in public relations and advertising will not only develop community support and a qualified staff for the program, it will also tell potential clients what kind of help and what quality of help they can expect from Hot Line.

FORMING AN ADVISORY BOARD

An advisory board is probably the best structure for giving the program community-oriented policy guidance. An effective advisory board should not only give the program administration sound advice on policies and community needs, but it also should be a key structure for maintaining communication with and support from the community at large.

The advisory board should probably be formed in conjunction with the project staff. It is not uncommon for the director of a new project to make a list of potential advisory members and then submit that list for screening to the group promoting the project. Whatever the nomination and screening method, the selection should include people who are interested in the kinds of problems the project will deal with, people who have professional and technical expertise in program-related areas, and people who represent a cross section of the community occupationally, economically, racially, and geographically. Thus, an advisory board might consist of a doctor, a lawyer, a police officer, a businessman, a housewife, a school teacher, a counselor, a tradesman, a factory worker, a minister, a student, a welfare recipient, a senior citizen, or a reformed drug addict or alcoholic.

The Hot Line director should see to it that the advisory board is kept informed of all significant program events and routine program progress through first-quarter, half-year, third-quarter, and year-end reports. Except for the year-end report, which should be quite thorough (and available to anyone), the reports need only be in summary form. The advisory board should meet at least six times in the year to review program progress and direction, to set and review policies, and to represent community concerns. The board should also help the program administrative staff consider alternative approaches to special problems that cannot be handled routinely.

While the advisory board should have no direct control over the program, its advice and assistance should be relied on heavily. It is--it certainly should be--the most important technical resource and link to the community support that the program has.

SETTING UP THE HOT LINE CENTER FACILITY

The Hot Line program's choice of a site for its phone-in and walk-in center will be dictated to a large extent by program needs. At the very least, the center needs separate areas for telephone counseling and for in-person counseling. Other spaces might include a reception/waiting area, an informal discussion area,

and an office business area. Lavatories also must be available.

Ideally, the center should be functional but at the same time informal and comfortable for both staff workers and counselees. The less institutional the place is in appearance, the more it will create a non-threatening and open emotional climate. If possible, stuffed furniture, rugs and carpets, table lamps, wall art, and color should be utilized to soften and humanize the interior decor.

The telephone counseling area is probably the most important part of the facility, primarily because it is usually the busiest. Each phone in this area should be accompanied by a chair and desk (or table), and should be situated so that each telephone counseling assistant is isolated from potential distractions while counseling callers. If possible, the phone area should have windows to give it a feeling of openness, and carpeting to make it more attractive and quiet. A television set or radio should be available to phone counselors during lull periods or duty breaks. The phone area should be visually and acoustically separated from other areas of the center, either by walls or portable partitions.

In keeping with the whole center, the walk-in area should be functional but informal. It will encompass the reception waiting area, an informal discussion area, and at least two separate smaller rooms for private individual counseling. The waiting area might include such appointments as sofas and easy chairs, reading materials, cards and games, card and game tables, a television set, and table tennis equipment. Coffee and tea might be made available free while soft drinks might be made available in a coin machine. The office area of the center should have at least a secretarial desk and typewriter and file storage space.

If the center doesn't operate on a 24-hour schedule, the program may wish to consider acquiring a Code-a-Phone system for the times when no one is on duty. The Code-a-Phone automatically gives the caller a recorded message and then, in turn, records such information from the caller as his phone number and whether he wishes to be contacted during Hot Line duty hours.

Staff members and visitors alike should assume responsibility for helping to keep the center neat and clean. However, it may be necessary to acquire at least part-time janitorial services. It will also be prudent to maintain an inventory of equipment. If the center facility is shared with another agency, it may be a good idea to secure portable items (such as typewriters and television sets) in storage cabinets when Hot Line is not using the space.

3
OPERATION

MANAGING THE HOT LINE CENTER

The routine operation of the phone-in and walk-in center should always be under the direction of a professional volunteer or a volunteer manager who has served at least a year in the program. Each of these persons should have training in the kind of work Hot Line does, and each should possess supervision and leadership skills.

The duty-period director of the center, whether it is the professional or volunteer manager, is responsible for:

A. Directing the physical operation of the center.

1. Keeping the center clean and orderly.
2. Opening and closing the center each duty period.
3. Recording center maintenance needs as they occur.

B. Supervising volunteer assistants.

1. Seeing that assigned people are on duty.
2. Determining why assigned people who miss duty are not present.
3. Assigning telephone counseling to trained substitute assistants when conditions warrant.
4. Monitoring and supervising telephone counseling to insure that assistants are handling their responsibilities effectively.

C. Assuming responsibility for walk-in clients.

1. Seeing that all clients receive proper assistance.
2. Initially receiving walk-in clients and assigning them to a volunteer assistant.
3. Seeing that clients do not abuse the hospitality of the center.

D. Keeping abreast of changes in the volunteer roster, changes in referral agencies, and changes in contemporary social problems affecting Hot Line work.

E. Keeping a complete log of client calls and visits, and seeing that all information cards on clients are filled in. Sample log sheet forms are in

Appendix L; the information form on frequent callers is in Appendix M.

Each volunteer assistant at the Hot Line center is responsible for:

A. Counseling phone-in and walk-in clients.

B. Keeping abreast of changes in the volunteer roster; changes in referral agencies, and other development affecting his or her Hot Line duties.

C. Filling in information cards on clients and tallying in numerical sequence all phone-in and walk-in client requests for help.

A Hot Line center organization chart is shown in Appendix R.

SCHEDULING VOLUNTEERS FOR DUTY

Soon after they complete the Hot Line training program, volunteers should be activated through placement on the monthly duty roster. It is the responsibility of the chief training instructor to tell the program secretary when a trainee is ready for duty. In recommending the trainee for duty, the instructor should let the administrative staff know whether the trainee needs any special supervision. This information, combined with the trainee's stated preference for duty times, will enable the staff to schedule the new volunteer appropriately. Trainee duty preference cards are contained in Appendix I.

The duty roster is the most important operational document in the center. If it is not clear, if it is not up to date, if it is not out at least a week before the duty month begins, and <u>if it is not followed</u>, then the center operation will snag or break down completely. Everyone must make an effort to keep the duty roster in good order and to follow its schedule.

The duty roster can only be made up after each professional, manager, and assistant has been polled about his or her availability. A file card should be kept on each person, indicating that person's pri-

mary and alternative availability for duty. This will not only enable the secretary to schedule the volunteer during primary time of availability, but it will also indicate who might be available at a certain time when a substitute is needed. When the roster is made up, it should clearly show who has professional and managerial authority for each shift. The complete monthly roster should be available to all personnel so everyone knows the duty schedule. A master duty roster, which will reflect schedule adjustments, should be openly displayed--perhaps on a large wall chart--at the center. A sample duty roster is shown in Appendix J.

Each volunteer who cannot make it to scheduled duty should be responsible for informing the center and then arranging for duty coverage with a trained volunteer. Volunteers often know who to call to seek replacement on a shift. However, if the person is having trouble finding a substitute, the center can check its card file and supply the names of several people available at the duty time in question. If a last minute emergency prevents the volunteer from making a shift, that person should at least inform the center. Even if a substitute cannot be found on short notice, the center should know it must adjust to being temporarily shorthanded.

MAINTAINING LINKAGES TO REFERRAL AGENCIES

Since Hot Line is not equipped to deal with many of the problems brought in by clients, its ability to refer them to appropriate help is one of its most valuable services, especially since people often do not know where to turn in a personal crisis. Thus, it is important that everyone in Hot Line be thoroughly familiar with community referral services. In addition, it is the responsibility of everyone in the program, especially the director, to maintain close, cooperative relations with these service organizations.

Thorough familiarity with community service directories should be one of the primary learning objectives of Hot Line training. At the center, a list of referral services should be kept current. Both training and center listing of referral services should contain the

following information:

1. the organization's goals
2. its daily functions and services
3. its capabilities and limitations
4. its receptiveness to Hot Line referrals
5. its location
6. its business and emergency phone numbers
7. its hours of operation
8. its chief liaison person(s) to the Hot Line program.

Since all of this information must be kept current, and since changes occur frequently in these organizations, the community resources listing should be assembled so it can be constantly updated. A loose leaf notebook or card file system permits such flexibility. Sample cards on referral agencies are contained in Appendix K.

And just as Hot Line must stay abreast of changes in referral organizations, it must also strive to keep referral organizations aware of changes in Hot Line. This must be part of an overall effort to help referral agencies understand and support the Hot Line program. Thus, referral agencies might be informed of significant Hot Line program changes through a device such as a mailer memo. Since most urban areas have between 400 and 1,000 referral agencies, such flexible directories and mass communication methods as those mentioned here are essential.

The following is a list of community resource areas from which lists may be developed to give phone numbers, addresses and what types of referrals can be made to them. Every effort should be made by the crisis center developing this list to encompass as many areas as possible. For those living in smaller communities there probably will be a need to list resources in nearby communities too.

1. Alcohol Services
2. Child and Day Care Services
3. Corrections Services
4. Consumer Protection Services
5. Crisis Intervention Services
   a. family
   b. mental health

c. personal counseling
d. group counseling

6. Drop-in Centers
7. Drug Abuse Prevention Agencies
8. Emergency Assistance
9. Handicapped Services
10. Health Services
    a. chronic diseases
    b. communicable diseases
    c. dental
    d. hearing
    e. child care
    f. medical clinics
    g. mental health
    h. pregnancy terminations
    i. unwed mothers
11. Housing Services
12. Legal Aid
13. Manpower Services
    a. jobs
    b. training
    c. apprenticeship
    d. veterans
    e. education
    f. handicapped
14. Multi-Services
    a. drop-in
    b. runnaway
    c. legal advice
    d. foster home services
15. Residential Care and Services
    a. alcohol
    b. mental health
    c. nursing homes
16. Volunteer Services
    a. Red Cross
    b. hot lines
    c. schools
    d. churches

MAINTAINING PERSONNEL EFFECTIVENESS

As in any service program, people are the key ingredient in the Hot Line. Their effectiveness must be maintained if the program is to have continued impact. Among the principal threats to personnel effectiveness are boredom and overinvolvement in client problems.

Even in a program as challenging as Hot Line, a volunteer can become bored or lose interest at any time, especially if interests beyond Hot Line become stronger. However, the volunteer most often loses interest when his initial period of service is over and he has "settled in", or when the program has lull periods and client contacts drop off a bit. When a program member begins to show signs of disinterest, the assistant director or professional in charge of the center should hear out the person to learn the cause of the disinterest. If the person is feeling competing pressure from other responsibilities, he should be given the option of cutting down shifts or taking leave from the program for a time, especially if he has been a reliable volunteer. If the routine of the Hot Line program is the cause of the volunteer's loss of enthusiasm, the staff member in charge should explore with the volunteer alternate courses of action which might give the volunteer a lift or a fresh perspective. Such actions might include new scheduling, a short leave of absence, a cut in work shifts, a change in volunteer responsibilities, or combinations of these.

Volunteers should be cautioned during training and during service in the program to avoid over involvement with client problems, primarily because it impairs the volunteer's reflective counseling value to the client and because it causes mental fatigue which impairs effectiveness. The volunteer must be reinforced by staff members and fellow volunteers in his efforts to deal with client problems objectively. If a volunteer is overinvolved with a client's problem, he should consider referring the client to another volunteer or to a professional on the staff. He should strive for the kind of objectivity that will allow him to leave problems at the center instead of carrying them with him.

II

TRAINING

1

TRAINING DESIGN

THE NEED FOR TRAINING

Experience shows that the special duties and skills required of Hot Line volunteers calls for equally special training. Even those professionally trained to counsel others will need to be familiarized with the operational procedures of the Hot Line program. Volunteers without such professional preparation will need both training in program procedures and strengthening in counseling knowledge and skills. The program should also at least orient (if not hold several general training sessions for) its board of advisors and political and financial backers.

Once a volunteer has completed Hot Line training and joined the regular volunteer staff, he should continue to regard his service as a training and learning experience. The learning that continues to take place through program service should be supplemented by ongoing (inservice) training seminars on topics or problems of growing importance. For example, if the Hot Line program continues to receive a large volume of calls related to child abuse and if volunteers are having difficulty dealing with this issue, a special training session on child abuse calls is in order. At least five such supplementary training seminars per year have a positive effect on the morale and performance of program volunteers.

PREREQUISITES FOR TRAINING AND SERVICE

Despite its volunteer nature, the demands placed on the Hot Line program require that it establish some basic requirements of program applicants.

Because of the heavy counseling responsibility some calls place on volunteer assistants, it is advisable that applicants for the program be at least 16 years old. In addition, it may be wise for applicants 16 and 17 to receive the consent of parents or a guardian to participate in the program. Another prerequisite is that applicants expect to be free at the completion of training to work Hot Line shifts those hours and days the program is in operation.

Other prerequisites concern the strength of the candidate to either contribute to the program from the be-

ginning or the potential of the candidate to become a strong volunteer with training and experience. There are a number of important qualities that the volunteer should already possess or should have the potential for developing. The first two of these are essential:

A healthy self concept and acceptance of life. Before he or she can be of any positive counseling value, the volunteer must have a reasonably positive self image and the ability to look at life and self honestly, and to see in each both the merit and the shortcomings. People who have confidence in themselves and who can face situations honestly, generally cope better. Since Hot Line exists to help people cope with their problems, it is essential that the volunteers have these assets to share with callers and walk-in clients.

A desire to help people. While the ability of helping others is essential, it is not enough to qualify a person as a good counselor. The Hot Line volunteer must have a genuine interest in helping other people to cope with life and to grow in positive directions.

Patience. Some people call Hot Line because no one else is willing to listen to them--perhaps because they are boring, full of self pity, or unable to state their problems very well. The volunteer must have or develop patience to deal with these callers or walk-in clients. In addition, the volunteer must have the patience to endure those occasional Hot Line duty shifts when very little is happening at the center.

Ability to accept and appreciate different values, life styles, and beliefs among people.

The tendency to look at issues and people objectively and to carefully examine all the facts and perspectives before suggesting alternative courses of action.

A strong ability to relate to people by speaking to them clearly, directly and honestly, and by listening to them carefully and openly.

In looking at Hot Line applicants, training personnel should be careful to look at the potential of the

candidates as much as their proven abilities. Some of the strongest, most compassionate, and genuinely helpful volunteer counselors are those who realize these assets through Hot Line training and service. In addition, the program must be as tolerant of the candidate's life style and diversity as it expects the volunteer to be in regard to clients. For example, in Portland, several candidates carelessly stereotyped by some teachers and community people as "the hood type" proved to be extremely capable counselors with strong ability to relate to and help clients, especially those among their own age group troubled by the frustrations of adolescence, home life, and experimentation with drugs.

ACCEPTING VOLUNTEERS FOR SERVICE

Once Hot Line has begun the public relations and recruitment campaign mentioned in the Program Development section of this manual, calls, letters, and personal visits from those interested in volunteer service should begin to increase. When a person contacts Hot Line to express an interest in working for the program, an application should be mailed to him along with a stamped, self-addressed envelope. (A sample application form is shown in Appendix G.) All returned applications should then be placed on file. Then, at least three weeks before the beginning of a new training cycle, notice of the first meeting night of the new cycle should be sent to all candidates who meet the age requirements of the program. Basically, all who show an interest in serving in the Hot Line program should be allowed to enter training. The weeding out of unqualified candidates should occur during training.

At the first meeting, the first order of business should be an explanation of the duties of a Hot Line volunteer. This should be followed immediately by a request for a pledge from each candidate to serve at least six months, two shifts a month, upon successful completion of the training program. This commitment can be obtained by asking the candidate to sign a pledge card, which has no binding legal power but does make it clear to the candidate that his Hot Line service is a serious undertaking and that he is

expected to regard it as such. A sample pledge sheet is contained in Appendix H.

At the same time candidates are asked to sign the pledge card, they can be signed up for any high school or college credits that the program has arranged to provide. At the conclusion of the training cycle, just after the final examination, each trainee should be asked to fill in a card stating his or her preference for duty times. Samples of duty preference cards are shown in Appendix I. An example of a duty roster is contained in Appendix J.

MAKING ARRANGEMENTS FOR THE TRAINING PROGRAM

As mentioned before, the training program should be scheduled on a quarterly basis, especially if academic credits are offered to participants. This will permit four training cycles per year to keep up program personnel strength, and it will conform to the registration, instruction, and grading cycles of many colleges and high schools. Of course, the classes should be held on a weekday evening that seems to be the freest of other conflicts for both instructors and class members. The Portland program has found that Tuesday and Wednesday evenings seem to present the fewest outside schedule conflicts.

The nature of the training facility itself will depend to some extent on what is available and to some extent on what atmosphere the curriculum planner desires. A school classroom arrangement offers the convenience of chalkboards, desks, good lighting and other features designed to support group instruction. However, this environment, for all its efficiency, can contribute to a formality that inhibits group openness and comfort. On the other hand, an informal setting of stuffed furniture and throw rugs softens the learning environment but is not as efficient to use as a classroom. Possible sources of free or inexpensive training facilities include schools, churches, civic organizations, and government agencies.

It is not advisable to use the Hot Line center itself for training unless the room used for the training is completely separate from the operational area of the

center. If such a room does exist at a Hot Line center, use it by all means. This allows convenient, permanent location of all learning media and records at the training site, makes it convenient for class members to observe center operations, and makes it convenient for active duty volunteers to get involved in training when there is a need for them.

Beyond the basic arrangements of times and places to meet, the training program must have a complete outline in writing of training objectives, learning processes, and learning resources. And it must be available at the beginning of the quarter to class members as well as instructors. Such a curriculum, based on the Portland training program, is outlined in Section II of this manual.

The services of instructors and guest speakers should be secured weeks before any training begins. Availability of learning materials, especially such rental audiovisual media as films, must also be confirmed in advance.

Instructors must be highly knowledgeable about their teaching areas as well as the purpose and operation of the Hot Line center. Of course, experienced professional Hot Line volunteers are ideal. Guest speakers should be very knowledgeable about their subject areas (both in theory and practice) and should have at least a working familiarity with the Hot Line program. Names of substitute instructors and guest speakers should be on file in case there is a need to fill a vacancy created by an emergency absence.

EVALUATING THE TRAINING PROGRAM

Evaluation in the Hot Line training program should concern itself with two things: the fitness of the trainee to become an active Hot Line volunteer, and the fitness of the training program to help the volunteer reach that goal.

The comprehensive examination (Appendix O) at the end of the training program provides only one part of the information needed for a sound evaluation of the trainee's readiness to assume counseling responsibility

at the Hot Line center. The instructor or training program director must also take into account the class member's attendance, his interaction with fellow class members, his performance in the telephone simulations, and the way he handles himself in general. Trainee evaluation, it should be emphasized, should be conducted throughout the training program and not just at the end. If a class member is absent from too many sessions or is not progressing satisfactorily, the instructor should take action to find the cause as soon as the problem becomes apparent. The instructor should take whatever action is appropriate to correct the problem, whether it requires giving the class member supplemental training, assigning him to a later training cycle, or dropping him from the program entirely.

Evaluation of the training program itself can be accomplished in two principal ways. First, at the conclusion of the training program, have both instructors and class members respond to the following questions:

1. Is the attendance good?
2. Does each class have an atmosphere of friendliness and understanding?
3. Are the guest speakers articulate and knowledgeable, and are they responsive to the class?
4. Are the instructors articulate, and are they responsive?
5. Is the learning material presented in a manner that allows a person time to master the information, and is there ample time to ask questions and seek clarification on the information?
6. Is the role playing informative. Is participation good?
7. Do the instructors seem to respect the class members?

If there is any pattern of negative response to these questions, the cause of the negative feeling should be identified and corrected. All input, whether from students, guest speakers, or the instructors themselves, should be given consideration.

The second part of the training program evaluation should come after the volunteer has been active in Hot Line for at least three months. At this time he should be asked to evaluate in writing how well he feels the training program prepared him for the experiences he

has encountered as a Hot Line volunteer.

Volunteers may continue to be evaluated during their tenure with the program, especially if they are being considered for upgrading to management functions. Through use of the Self-Evaluation Form contained in Appendix P, volunteers may also evaluate their own performance periodically. Each self evaluation may be compared with earlier evaluations (to measure self-perceived growth) or may be compared to the perceptions of supervisory personnel.

2

CURRICULUM

USING THE TRAINING CURRICULUM OUTLINE

The reader should keep in mind that the curriculum outlined here is a suggested approach. It has worked well in Portland, but it will probably have to be altered in some respects to meet the needs of another city or region. The session outlines are introduced here with a short introduction, rationale for their inclusion, and suggestions for their use. This is followed by a list of learning objectives for the session written in terms of performance the trainee will be able to demonstrate as a successful class member and a Hot Line volunteer. The objectives are followed by a list of learning activities which will help the class member become competent at each of the objectives. Where a specific learning resource such as a book or pamphlet has proven extremely helpful, it is mentioned. If you wish to know more about it, turn to the bibliography in Appendix E. This bibliography was prepared especially for Hot Line training and reference.

In preparing this curriculum outline, the authors have avoided suggesting specific, detailed methods for conducting learning activities. Such detail would unnecessarily consume space and would not be followed anyway. It is presumed that the instructors involved in Hot Line training will be chosen for their skill and experience in counseling and behavioral psychology. In conducting the training, they can be expected to bring their own style and methodology to bear.

TRAINING SESSIONS 1 AND 2
ORIENTATION AND COMMUNICATION

The first two training sessions should provide both a thorough orientation to the Hot Line program and training in some basic communication skills. The orientation to the program should give the volunteer a better understanding of the work of the program and what will be expected of him. The communication skill training establishes the importance of communication in the Hot Line program and also helps establish a feeling of trust and openness among the members of the training class.

The objectives for each of these sessions is outlined separately below. However, experience indicates that these curriculum segments are more successful when combined. For example, the first hour of the first session might present an overall picture of the Hot Line program. The next hour and a half might include communication activities that help group members begin to know one another. The second session might continue the first hour with additional information on the Hot Line program and follow again with more communication skill building activities.

Below are some basic objectives and learning activities for each of these two segments:

Session 1 and 2 Orientation Objectives

Each class member will be able to:

1. Outline the purpose and history of the local Hot Line program.
2. Describe how the Hot Line center operates.
3. Describe what will be expected of him once he completes his training as a Hot Line staff member.

Session 1 and 2 Orientation Learning Activities

Each class member will:

1. Hear a presentation about the purpose and the history of the local Hot Line program.
2. Read materials and hear class lecture on the operation of the Hot Line center.
3. Tour the Hot Line center.
4. Read the Program Development section of this manual.

Session 1 and 2 Communication Objectives

Each class member will be able to:

1. Outline what constitutes communication skills and why they are important in a program like Hot Line.
2. Demonstrate his ability to communicate with fellow trainees.
3. Achieve in his demeanor a sense of comfortable-

ness and rapport with fellow trainees.

Session 1 and 2 Communication Learning Activities

Each class member will:

1. Hear a tape or lecture which describes essential communication skills and tells why they are critical in a Hot Line program.
2. Introduce himself to members of the group and give a brief autobiography.
3. Participate in small group communication exercises on such things as name retention, listening, interviewing, and paraphrasing.

TRAINING SESSION 3
OVERVIEW OF TYPES OF CALLS TO HOT LINE

Since phone calls for help are the main business of the Hot Line program, this session is one of the key components of the training program. Volunteers should be familiar with the various types of calls, their frequency, and basic methods of dealing with them. More complete telephone simulation will follow in later sessions. At this point it is important to familiarize the volunteer with the scope of the telephone requests and the kinds of skills and knowledge he must develop to deal with them. For volunteer reference, general guidelines for handling various calls are contained in Appendix A.

Session 3 Objectives

Each class member will be able to:

1. Describe the types of calls that Hot Line receives, the frequency of each type, and the kinds of skills and knowledge the volunteer needs in order to cope with each kind.
2. Describe some of the most important elements of good listening.
3. Describe some of the basic pitfalls to avoid in handling calls.

Session 3 Learning Activities

Each class member will:

1. Hear a lecture and participate in discussion on the kinds of calls received by Hot Line.
2. Read excerpts or listen to tape recordings of the most frequent kinds of calls received by Hot Line.
3. Read the book, The Art of Listening, by Dominick A. Barbara, M.D.
4. Hear a lecture and participate in a discussion about listening skills.
5. Read relevant excerpts from the book, On Becoming a Person, by Carl Rogers.

TRAINING SESSION 4
COUNSELING DRUG USERS

Since emotional crises caused by or intensified by the use of drugs constitute one of the most frequent types of Hot Line telephone calls, it is imperative that Hot Line volunteers be well schooled in the basic causes and effects--personal and social, immediate and long-range--of drug use. They also must learn basic techniques for handling the caller who is on drugs or frustrated by drug dependency, the caller concerned about someone else's use of drugs, or the caller who needs first aid information to cope with a medical emergency caused by drugs. (The latter issue will be dealt with more extensively in Training Session 8.)

Session 4 Objectives

Each class member will be able to:

1. Outline some of the basic theories which attempt to account for drug dependency and abuse.
2. Discuss the personal and social ramifications of drug dependency and abuse.
3. List in both medical and street language the methods by which these drugs are self-administered, and their physiological and psychological effects.
4. Give a summary outline of first aid emergency procedures for dealing with commonly abused drugs or chemical compounds used as drugs.

Session 4 Learning Activities

Each class member will:

1. Hear a lecture, participate in discussion, and read appropriate materials dealing with theories of drug abuse and dependency and the personal and social implications of drug abuse and dependency.
2. Become thoroughly familiar with the fact sheet, "Some Major Narcotics, Dangerous Drugs and Chemical Compounds Commonly Abused," Appendix F in this manual.
3. Read appropriate excerpts from The Physician's Desk Reference.
4. Read the booklet Answers to the Most Frequently Asked Questions About Drug Abuse.
5. Read materials or hear a guest speaker describing the street terminology related to drug abuse and the various methods by which people administer drugs or chemical compounds to themselves.
6. Hear a lecture, read materials, and participate in discussion dealing with basic techniques for counseling people on drug-related calls.
7. Practice handling drug-related calls on teletrainers, which are available from the local telephone company.
8. Read and discuss Red Cross pamphlet Drugs and Their Abuse.

TRAINING SESSION 5
TELEPHONE SIMULATION

Some simulation may already have been used in the training session on drug counseling. However, at least one training session should concern itself solely with class practice at dealing with the kinds of calls that come into Hot Line. This simulation practice will reinforce awareness of the kinds of calls that come into Hot Line, and it will give class members an opportunity to practice helping a caller under controlled conditions that permit group involvement and constructive criticism. This session will also allow the class members practice in distinguishing real from prank calls. As a supplementary learning activity to this session, class members should read case situations in Appendix B which describe general kinds of calls that come in and basic guidelines for dealing with each. As noted before, telephone simulators can be obtained from the local telephone company.

Session 5 Objectives

Each class member will be able to:

1. Discuss the most common kinds of calls that come into Hot Line.
2. Demonstrate basic skill in answering the telephone and speaking into it clearly, in quickly focusing the conversation on the problem of the caller, and in helping the caller to deal with the problem.
3. Distinquish prank calls from legitimate calls.

Session 5 Learning Activities

Each class member will:

1. Practice dealing with simulated Hot Line telephone calls.
2. Participate in role playing as a caller to Hot Line for the simulations.
3. Participate in and observe constructive critiques of responses to simulated calls.
4. Read in Appendix B case situations which describe some of the typical calls and basic guidelines for dealing with them.
5. Read in Appendix C transcripts of several telephone simulations and critiques.

TRAINING SESSION 6
LISTENING

Listening skills should be touched on early in the training program (as suggested for the third session, "Overview of Types of Calls to Hot Line"). However, the importance of listening, and the art of listening, should be dealt with in a full session. It is particularly important that the volunteer acquire the discipline of carefully listening to a caller without allowing himself to dwell (either in thought or word) on his own problems. He must also learn to assume an objective point of view---to minimize his own emotional involvement in the problem of the caller. Other skills he must learn are questioning techniques and methods of dealing with callers who are hostile.

Session 6 Objectives

Each class member will be able to:

1. Discuss and demonstrate what constitutes listening---as opposed to hearing.
2. Discuss and demonstrate objective listening.
3. Discuss and demonstrate nondefensive listening.
4. Discuss and demonstrate questioning techniques.

Session 6 Learning Activities

Each class member will:

1. Read The Art of Listening.
2. Hear a lecture and participate in class discussion on effective listening.
3. Practice objective and nondefensive listening, as well as questioning skills on the teletrainer. (Use some of the case situations from Appendix B.)
4. Observe constructive critiques of these listening practice sessions.

TRAINING SESSION 7
LEGAL ASPECTS OF HOT LINE WORK

Invariably, many of the people who call or walk in to the Hot Line program have problems that carry legal implications. For example, they may be legally entitled to certain help they don't know about; they may be legally liable for an action they have taken; they may be legally subject to prosecution. Hot Line isn't in the legal aid business, but it may have to make referrals to Legal Aid. It has no legal function, but it may have to refer someone to an office that has legal jurisdiction to solve a problem. Hot Line volunteers must know enough about the law to make intelligent referrals, and to give sound advice in regard to such matters as runaway children, drug possession, mental health services, abortion, and child abuse. In addition, Hot Line workers must have a basic understanding of their liability in giving telephone assistance and their liability in the occasional instance where they might go to a client's home to lend assistance. It is advisable that a lawyer or person with

appropriate legal knowledge conduct this training session.

Session 7 Objectives

Each class member will be able to:

1. Outline the legal jurisdiction of at least three agencies to which Hot Line frequently refers clients.
2. Outline the kind of legal help clients can expect to receive from Legal Aid.
3. Describe the basic provisions of state and federal criminal code drug statutes.
4. Describe the basic provisions of the laws on child abuse.
5. Describe the situations in which a Hot Line worker may be legally liable for the advice he gives.

Session 7 Learning Activities

Each class member will:

1. Read abstracts or hear a lecture describing the legal jurisdiction and responsibilities of helping services to which Hot Line refers clients.
2. Read material describing the purpose and function of Legal Aid.
3. Read abstracts or excerpts of statutes covering drug use, child abuse, abortion, and other matters which clients may bring to Hot Line.
4. Read the lecture "Hot Line and the Law" which is contained in Appendix D of this manual.

TRAINING SESSION 8
FIRST AID AND PHARMACOLOGICAL ASPECTS OF DRUGS

The training that began in the fourth session on drugs and drug counseling should be continued here. However, the emphasis here will be on the chemical composition of drugs, on how they affect the user, and on what first aid measures a person should know to cope with drug overdose. It might also be useful here to reinforce some of the learning activities from Training Session 4. In this session, volunteers should also be

schooled in the procedures for referring a caller to medical help or for sending medical help to the caller in an emergency. The instructor in this session may wish to call in guest speakers (either individually or in a panel format) who are professionally knowledgeable about drug abuse. These guests might include pharmacists, doctors, police officers, psychotherapists, or officials involved in drug prevention or rehabilitation programs.

Session 8 Objectives

Each class member will be able to:

1. Outline the scope of the drug problem locally and discuss how it relates to the Hot Line service.
2. Describe the chemical makeup of drugs or chemical compounds that are commonly abused and their effects on people.
3. List agencies in the community where people can find out more about drugs or where they can go for more extensive help with a drug problem.
4. List agencies or resources for emergency medical help.
5. Demonstrate or outline basic first aid procedures in a medical emergency caused by drug use.

Session 8 Learning Activities

Each class member will:

1. Hear a guest speaker or panel presentation on the scope of the drug problem locally.
2. Hear a lecture and/or read material on the chemical composition of drugs and how they affect the body.
3. See the film Drugs and the Nervous System, which is available from most county or state film libraries.
4. Study a drug display, which is usually available from one of the local law enforcement agencies.
5. Read appropriate excerpts from The Physician's Desk Reference.
6. Read "The Drug Problem Sheet," from the booklet

Summary for Parents and Students on the Subject of Teen-age Drug Abuse.

7. Hear presentation on or read description of resources in a community where a person can be referred to obtain help for a chronic or emergency drug problem.

8. Read Red Cross pamphlet Drugs and Their Abuse.

TRAINING SESSION 9
REFERRAL AGENCIES

Many of the calls that come to Hot Line will deal with problems that Hot Line has neither the knowledge nor the resources to help solve. That is why it is so important that the program maintain an up-to-date file of referral resources and that volunteers become thoroughly familiar with these resources during the training program.

Session 9 Objectives

Each class member will be able to:

1. Use the multiple file system on the referral resources in the community.
2. Describe the referral agencies with which Hot Line has most frequent contact.

Session 9 Learning Activities

Each class member will:

1. Study a directory of referral agencies for the community to become acquainted with their operations. Samples of referral agency file cards are shown in Appendix K.
2. Hear guest speakers from agencies to whom Hot Line frequently refers callers.

TRAINING SESSION 10
TELEPHONE SIMULATION

This training session is basically a continuation of

Training Session 5. However, this session consists primarily of teletrainer simulations and group critiques. The person role playing the reception of the call should practice filling in the log sheet, which is shown in Appendix L of this manual. A Hot Line veteran should evaluate the class member's handling of the simulated problem call on the rating form which is shown in Appendix N of this manual. The evaluation on the rating form may be used as part of the evaluation of the trainee's readiness to join the Hot Line program as a regular volunteer.

Session 10 Objectives

Each class member will be able to:

1. Capably deal with the problem of the caller in the class simulation.
2. Fill in a log sheet on the call.

Session 10 Learning Activities

Each class member will:

1. Practice dealing with simulated calls on the teletrainer.
2. Receive instructions for filling in the log sheet for calls.
3. Practice filling in the log sheet for each call.

SESSION 11
COMPREHENSIVE EXAMINATION

During the final session of the training program, a comprehensive examination should be administered to measure how much cognitive learning each volunteer has mastered. Thus, the examination should test for the information that received the most emphasis during the training sessions. The test may contain some true-false and multiple-choice questions to test mastery of important facts. However, the most important test items are the open-ended questions dealing with situations common to a Hot Line telephone call or walk-in request for help. These questions are critical because they test not only a volunteer's grasp of pertinent facts, but also the ability to exercise sound judgment in

extending advice or suggesting a referral resource to a caller. A sample examination from the Portland Hot Line program is contained in Appendix O.

III

APPENDIX

Appendix A

HANDLING HOT LINE CALLS: GENERAL GUIDELINES

The procedure or method for handling a given Hot Line call will vary to some extent with the individual counseling style of the Hot Line volunteer and the particular circumstances motivating the call. However, there are some general guidelines that are useful to follow in handling calls. Some of these guidelines are applicable to all Hot Line calls; some of them apply only to specific types of calls.

Generally, it is useful to observe the following guidelines for all Hot Line calls:

1. Answer the telephone in a way that establishes clear, friendly contact. For example, answer, "Hot Line. This is (first name). May I help you?" This answer identifies the organization, introduces you warmly and informally through your first name, expresses an immediate interest in being helpful, and gives the caller a convenient opening for beginning the conversation. Such a greeting, which creates a positive beginning to the counseling situation, should be used uniformly by all Hot Line telephone counselors.

2. Help the caller get to a clear definition of the problem he is experiencing or the help he wants. About 5 percent of Hot Line calls are prank calls where people who probably need help are not calling for that reason. Another 5 percent are from people who want to know about the Hot Line program. The rest are from people who are trying to work out a difficult personal problem or who are seeking information that will help them make a decision to take a course of action. Although many callers may be suffering acutely from anxieties, conflicts, or frustrations, they often are surprisingly unaware of the sources of these problems. It is the job of the Hot Line counselor to steadily but patiently lead the caller to define and verbalize the scope and cause(s) of a problem.

3. Help the caller identify personal priorities in relation to the problem. While the solution to some caller problems may seem apparent superficially, it may not be apparent at all to the caller. For one

thing, many problems do not submit to convenient solutions. For example, if a young woman calls to express extreme distress over her husband's heavy drinking and beating of her and their children, the counselor may encounter the following variables: The husband is a good breadwinner and most of the time is easy to live with; he only gets really violent once or twice a month and only when he drinks; however, when he does, it is so bad that one of the children, a 9-year-old boy has suffered a chipped elbow; the woman cannot think of leaving him because she really loves him and because she does not want to struggle to support herself and their three children; it is significant to her that she has only two years of general college education and no specific skills training; the husband is a strong-willed man who has rejected the notion of "seeking help" because he refuses to believe there is anything wrong with him; the couple has what is to them significant social standing in the community and don't want anyone to know about this matter. The woman has called Hot Line because all of these variables have her blocked in. That is why the counselor should ask her to try to put all of these factors into perspective, to decide what has greater and lesser priority among them. Not until she determines what is most important can she begin to explore alternative decisions.

4. Help the caller see alternative courses of action and their consequences. Once the caller is able to define his or her priorities, it is much easier to evaluate the feasibility and desirability of alternative courses of action. It is important that the Hot Line counselor let the caller determine the priorities and choose the course of action. The counselor is there to listen, to empathize, to help the caller use an interactive process for sorting out and dealing with problems. But the counselor cannot think for the caller. For example, if the woman mentioned in the hypothetical case above decides that the health and welfare of her children are her most important priority, that must be her decision. If she decides to confront her husband with "you get some therapy for your problem or the children and I are leaving," then that is her decision. The only other thing the Hot Line counselor can do, once the woman has made her decision (and this may take several telephone calls--hence the reason for the frequent caller card) is to

supply her with information about where her husband might seek help to cope with his destructive behavior.

5. If a call gets too difficult to handle, call in the center manager or professional in charge. Some calls are simply too difficult for anyone to handle alone. Once you have decided you need help with a call, motion the manager, professional, or a fellow assistant over to listen in on an extension. If the other staff member elects to just listen in, he should not let the caller know he is there. If the two staff members agree the second person should take the call, the staff member immediately dealing with the call should prepare the caller for the change. This can be done by expressing special concern about the problem and then asking the caller for permission to bring another staff member in on the conversation. It is important that the staff member obtain the permission of the caller to bring someone else in on the call. Otherwise the caller is likely to reject the new person and Hot Line counseling altogether.

In addition to the above general guidelines, there are some important "don'ts" that it would be wise to observe.

1. Don't dwell for long periods of time on one call, especially if the client is a persistent caller." Others may be trying to call in and they deserve time and attention too. If a call is beginning to run longer than the problem and time merit, inform the caller he should call back later. Tell him that you have done what you can and that you would be happy to talk to him again or to refer him.

2. Don't dwell on your own problems. Your job is to tend to the problems of the caller, not your own. Once in a while it is legitimate to express some of your own feelings, especially if you are illustrating to the caller that you empathize with what he is going through. But it is important that you don't become the caller. Remember, you are there to aid the caller, the caller is not there to aid you.

3. Don't let the caller gain control of the conversation. Some callers try to do this. If you see it coming, change the thrust of that effort and re-establish the counseling nature of the conversation. For

example, if the caller begins this line of conversation: "Please tell me about you. How old are you? What do you look like? I want to know you," the staff member should respond to the effect, "I'm sorry, but it's not important for you to know about me. I'm here to help you and I must assume that is why you called. So let's focus on you. Let's talk about you and your reason for calling."

4. Don't leave your post and go to visit a caller unless you and the professional at the center decide the circumstances warrant such a move. If a visit is made, the Hot Line center must be covered with substitute assistance and at least two volunteers---never one---must make the visit.

5. Don't give specific medical advice. Refer the call. In fact, it is a good rule not to give specific advice on any matter that requires more technical competence than you possess.

6. Don't give the caller your last name or any other personal information. Nor is it necessary for you to give out the work schedule of any other staff member. Hot Line provides counseling and information service, not specific individuals with whom to confer.

7. Don't run down other organizations. For example, if a caller complains that a particular agency has been of little help, it serves no useful purpose to join with him in condemning that agency. It is far more useful to listen to what he has to say and to help him deal with his problem.

8. Avoid profanity and excessive use of slang. While the counselor's language should be informal, it should also be clear and clean.

9. Don't become emotionally involved in the caller's problem. The telephone counselor must consciously strive to maintain his objectivity. For example, if the caller has been expelled from school for what seems to be a "raw deal" (as he describes it) be careful not to indignantly jump to his side. There are different perspectives to every story, and his may be very self-serving. Stay impartial but concerned and you'll help him arrive at a much more rational way of dealing with his problem. The same advice holds true for counseling

callers embroiled in difficulties with boyfriends or girlfriends or parents or employers.

There are additional helpful hints and rules of thumb to apply to specific kinds of calls:

The Emotional Crises Call

Many of the calls that come in to Hot Line concern emotional or life adjustment problems manifested in confusion, frustration, anxiety, depression, and sometimes aggression. The very nature of the problem will sometimes dictate the telephone behavior of the caller. While applying the general procedures mentioned earlier in this section, the counselor should also keep in mind the following points when dealing with the emotional call:

1. If the caller is panicky or talking irrationally, the first thing to do is calm the person down. Explain that nothing can be done until the conversation can be conducted at a calm, rational level.

2. Maintain an even, friendly, responsive voice. This is very important because the counselor can lose the caller if he loses control of the situation, especially if he allows the anxiety of the caller to transfer into his own speech.

3. Keep the conversation relevant to the caller and his problem. This is sometimes difficult to do when the caller is upset, so it can require substantial tact and patience.

4. Concentrate on listening to the caller. Even after he is calmed down, the emotional caller may still be somewhat confusing and irrational in his speech. So, the counselor may have to force himself to listen more carefully than he normally might. Such "attention control" effort can be helpful. Sometimes a few words or intonations on the caller's part can be quite significant as clues to the problem. The counselor should be listening when those clues surface.

The Drug Related Call

Most of the advice which applies to the emotional crises call also applies to the drug-related call.

The callers may, in fact, be the same person since emotional crises and drug use often go hand in hand. However, drug use---or abuse---adds a different dimension to the call. For one thing, the use of drugs visibly alters the physical behavior and the emotional state of the caller. Amphetamines may accentuate the person's speaking speed and lend an excited, disjointed tone to the person's conversation; barbiturates will dull the person's speech and perceptions. Thus, it is important for the counselor to know if the drug-troubled caller is on drugs at the time of the call, and, if so, what drug or drugs. This information will enhance the Hot Line volunteer's counseling ability, and will also enable him to assess the extent to which the caller may be in physical danger. If information from the caller suggests he is in danger, the volunteer must try to locate the origin of the call (even if it must be traced) and he must be ready to send medical emergency help to the scene.

In many drug-related calls, the caller is not on drugs at the time of the call but is either contemplating drug use or is feeling anxiety from recent drug use. The fact that the caller has chosen to contact Hot Line is significant because it indicates a recognition of the problem and a willingness to deal with it. Thus, the Hot Line volunteer counselor has a good chance to be helpful from the very beginning. Again, the counselor can't decide for the caller what he should do about drug use, but he can give him facts about drug use and information about the ramifications of drug use. He can also help the caller deal with the problems driving him to drug use. And he can refer the caller to appropriate medical information and assistance.

Other drug-related calls come from people who simply want information about drug use or who are troubled because they believe someone close to them is using drugs. In handling these calls, the volunteer must be prepared to give factual information about drugs, to discuss the ramifications of drug use, and to refer the caller to appropriate sources of information and assistance.

The Runaway Child Call

A significant share of Hot Line calls are from or about

runaway children. The volunteer assistant can supply two types of help in such cases. First, he can refer either the child or the parent to the appropriate authorities for immediate assistance. In the case of the child, it might be a place to stay until he can work out the conflict with his parents. (And the child should be encouraged to deal with the conflict.) In the case of the parents, it might be the proper authorities who can help in a search. (The parents too should be encouraged to deal with the conflict.) The second kind of assistance the counselor can provide the caller is help in dealing with the underlying causes for the child leaving home.

The Potential Suicide Call

The advice given for all calls and for emotional crises calls apply in the potential suicide call. However, this particular call, even though it is less frequent than other calls, requires careful handling, if for no other reason than the possible consequences.

With the potential suicide, the counselor must work at two levels. At the first level, he is concerned with the immediate danger the caller poses to himself. When the caller announces that he is considering suicide, the Hot Line counselor must regard the caller as serious, and he must treat the issue seriously. He must speak calmly, naturally, and directly to the caller, and he must listen carefully. The more quickly he can establish rapport and let the caller know he is concerned, the more likely he is to be helpful. "Suicide" callers are often merely depressed because of the way they perceive their lives are going. The call itself is a hopeful sign. It indicates they have enough doubts about suicide to want to talk about it. Often, the caller simply wants to hear another person say he cares. The caller wants assurance that he is worthwhile, that his life and self have value. The counselor can go a long way toward giving the caller that assurance by simply listening to him and helping him to see that there are positive ways of dealing with frustrations and anxieties that make such an extreme, and ultimately self-defeating, measure as suicide unnecessary. In other words, the counselor must help the caller to see that the power to cope with life and enjoy it is in his grasp, and that it is far more rewarding than the power to end life.

If the caller persists in stating his intention to commit suicide, the counselor should make an effort to find out where the person is and how he intends to kill himself. Once this information is obtained (a telephone trace may be necessary) emergency help should be dispatched to the scene. Until the caller calms down and reconsiders or until he goes off the line, it is wise for the center manager or professional, or a fellow assistant, to listen in on an extension. Because a suicide threat always has the potential of being carried out, several staff members should be tuned in to the situation to give the counselor back-up advice and assistance.

The second level of "suicide" counseling takes place after the caller has been temporarily dissuaded from immediate self-harm. After that point has been reached, the counselor should help the caller to continue to dwell on dealing with the problems that have led to thoughts of suicide. Beyond that, the counselor should refer the caller to appropriate agencies which can supply more extensive assistance.

The Persistent Caller Call

The persistent caller is one who is a regular on the Hot Line telephone system. While he obviously has problems and needs that drive him to tie up the program's time, his demands are too excessive to be tolerated beyond the amount of consideration due other callers. To keep the telephone tied up, and to keep the counselor's attention focused on him, the persistent caller will often manufacture a variety of problems. After a while, he will become recognizable and the counselors will all come to know him. He may be given some time, but if his demands interfere with more important Hot Line calls, then he should be encouraged to stop calling. If he won't stop calling, volunteers should hang up on him once they realize who he is. Since his persistent pestering can be classified as "crank" calls, the telephone company and police may be notified. That will usually stop him. The persistent caller should not be confused with the frequent caller, who has legitimate problems that Hot Line can help solve and who calls frequently to "rap" for short periods or report progress toward solving a problem.

The Prank Call

The prank call usually amounts to a person having some fun at Hot Line's expense by making up a problem situation and calling it in. Even if it is a nuisance and the counselor suspects it is a crank call, he should treat it seriously until he is convinced that the call is obviously bogus. Once it is apparent that the call is phony, the volunteer should courteously but firmly ask the caller to get off the line. To help determine whether a suspect call is really false, the volunteer should probably ask the center manager or professional, or a fellow assistant, to listen in on an extension.

The Call for Information About Hot Line

It is logical for someone wanting to know more about Hot Line to call the center. Therefore, telephone counselors must be prepared to explain the Hot Line program. They should also be aware that such calls often come from potential Hot Line volunteers. When such a call comes in, the volunteer should also take the person's name and address and see that a program brochure is mailed to him.

Appendix B

CASE SITUATIONS

The following are some types of calls that come into the Hot Line, with suggested ways of aiding the person or persons involved in the calls. One should remember that variations in the method of handling calls is to be expected. The main purpose of these examples is to demonstrate how one can obtain the information necessary to develop a useful method of helping the caller. Keep in mind the type of call and the method used in handling these calls.

1. A 17-year-old girl calls in and says that she has been married about eight months and now she wants to have her marriage to her 19-year-old husband annulled. She says further that her husband is good to her, works, and is compatible. However, she feels he demands too much of her as a sex partner and as a housewife. She just wants to get out of the whole deal. Besides, her mother is anxious to have her move back home.

This type of call is hard to handle because you can't be sure which reason the caller is most concerned about. Therefore, ask the caller to prioritize the reasons she wants to leave the marriage. If the problem deals with the husband and her inability to accept his demands, then the call should explore the possibilities of going to the family doctor and/or a marriage counselor. The family doctor may be able to help the husband and/or wife overcome the problem of physical demands. The marriage counselor could help them overcome their problems of adjustment. One should talk these things out with the caller and should seek to help her understand that problems the first year or so of marriage are rather difficult---even if the partners have been going together for a long time or have lived with each other prior to marriage. It is wise to reassure the caller that, in many instances, time helps solve problems.

If the caller wants to go home and her mother is pushing the move, the staff member should ask her if this is the main reason. If she says yes, then it should be suggested that the caller and her mother talk it over and explore the reasons the mother needs her to come home and put the husband aside. Strong suggestions should be made that help be sought

through a counselor or through a family minister.

If the caller really wants to remain with her husband but finds the outside influences affecting her too much, the staff member could suggest she call her mother every few days but not visit until an agreement can be worked out or until the couple can obtain work in another city.

2. A 50-year-old mother of three calls. She is crying, and it is hard to understand her. Finally you are able to get out of her that her daughter (the only one at home now) is leaving home and going to live out on her own, and that she is going to take her 20-month-old son with her (a child born out of wedlock). The mother just cannot understand why the daughter would do such a thing. After all, she has done everything possible to help her---waited on her, done her shopping, ironing, baby-sitting, and cleaning. What else could she do to keep her daughter home? Also, the boyfriend the girl has now will not speak to the mother.

From the above information, it would seem that, besides not wanting to give up her daughter, the mother doesn't want to give up the grandchild, and therefore she is doing everything she can to prevent the daughter from leaving the place---if for no other reason than to keep the child.

The staff member should seek to calm the caller down by telling her one can best talk to her if she is calm and speaks clearly. When this is done, then talk to her about the problem. One should approach the call on the basis that it is time for the mother to be able to get out of the home and do things around the community, that she should join a couple of organizations, talk to people, and go out with her friends now and see what is happening around the city. If she says she knows no one, then give her the names of a couple of social or social service organizations and suggest also that she join a church club or something appropriate for people who have plenty of time.

It would be within reason to let the caller know that she can only do so much for her daughter, that she should let the daughter go out on her own. Do not get embroiled in the controversy relating to the relation-

ship between the daughter and her mother. Suggest they consult a counselor and seek further help on this problem.

3. A 19-year-old male states that he has been living with his 20-year-old girlfriend for about three months now and that he wonders if it is wrong to do this. He is feeling somewhat upset over this and is now finding it difficult to have a meaningful relationship with the girl. He is ashamed to go home and to talk to some of his friends.

One should recognize that the caller seems to feel guilty about what is happening. Therefore, the caller should be informed that many people do this nowadays, but that if he has begun to feel uncomfortable about the situation, he should probably talk it over with the girl and cease living together. It should be explained that, although this does not mean he has to give up the girl, there is the chance he will feel compelled to do so. If this happens, he should seek to look at it all as a means of restoring a sense of happiness for both of them. He should be made aware that he can still develop meaningful relationships with others around him.

The staff member must be sure that he does not bring personal experiences to bear in such a case. He must attempt to see what reality is for the caller; to maintain neutrality and offer a sense of aiding either way. The caller must be able to make up his own mind about his problem. If the staff member takes sides or expresses his own experiences, it may make it difficult for the caller to make his own decision.

4. A person calls in, stating that he thinks he has VD and describes symptoms to you that are not familiar symptoms in either syphilis or gonorrhea. Upon further discussion, you find the person is very anxious about this and also that it is doubtful there has been any sexual activity.

The staff member must remember that anxiety-produced fears dealing with any situation can be serious. Therefore, it would be advisable to tell the person that he can obtain help by seeing his doctor. If he cannot see his own, send him to the VD clinic. Above

all, reassure him that he can get help. Do not tell him that the symptoms do not seem to relate to VD. Let the medical report do this. Invite the person to call back to let you know the diagnosis and to talk with a staff member about any problem experienced in getting further help.

5. The caller states she has a problem but does not know exactly what it is. She keeps talking in circles, occasionally throwing in an emotional outburst of tears, especially when the staff member seeks to cut off the call. After 30 minutes, the call has led nowhere and the staff member is ready to hang up, but she cries and states that all is bad; she does not know how to tell you, but please do not put her off the line.

As a staff member you should remember that there are people who will seek to dominate a person's time no matter what else is happening. They may be lonely, drinking, or just "time grabbing." You cannot be expected to spend hours with the person. You must do all within your power to help, but you must recognize that you can only go so far. If you spend a lot of time with the person and are getting nowhere, it would be advisable to find a way to close off the conversation. You could suggest she call some other time, or that the lines are full and you must get off. You also could refer her to a person (such as a minister) she could get an appointment with and see personally. If none of this works, you should then tell the person you will have to hang up, but that she may call back at another time if something is bothering her.

It is very important to recognize that a staff member cannot be expected to talk to people as long as they themselves command it. Unless it is a very serious emergency situation, a staff member should not spend more than 10 to 15 minutes talking to people who just want to take up time. There are other people to be helped.

6. A 13-year-old boy calls wondering about his "self" and what is going on around him. He feels a little down, lonely, and somewhat unsure of himself and his relationships with friends. He wonders if maybe he is different.

Generally speaking, the boy probably is just lonely and not really sure about why he does not have friends

around most of the time. So he just wants to talk. One should not spend too much time with the caller, and one should be careful not to get too involved in the boy's feelings. It would be advantageous for you to talk with the caller about his general feelings and what kinds of activities are available around him that could brighten his life. Above all, you should not seek to degrade what takes place in his daily life or what he has to latch on to. It is essential to create an atmosphere of hope---one that recognizes that a 13-year-old has problems different from others but that are solvable by him. Stress that he has within his power the ability to create a more interesting life for himself. Invite the caller to call back. Also encourage him to see his counselor at school and discuss the problems he is experiencing.

7. Mary, who is 19 and unmarried, states that she is pregnant and does not want the child. Further questioning shows that she is probably about three months along and has not been to a doctor. She is seriously thinking of an abortion.

Legally, a 19-year-old may conduct her affairs as she sees fit. However, it is reasonably clear that this girl has many hang-ups over the conditions surrounding her pregnancy. Consequently, she is going to find it difficult to accept the way things are going.

You, as the staff member, should make the effort to discuss her feelings with her. It would be wrong for you to tell her whether or not she should have an abortion. That is a decision she must make after much soul-searching. Hot Line personnel should not engage in such controversial situations as this. If the caller persists, refer her to Abortion Information Referral Service or Planned Parenthood. Seek only to discuss general things about getting along with situations and finding selected alternatives to help take care of the problem.

8. A 20-year-old woman calls to say that she is through with life and that she is going to end it all, that whatever you say she still is going ahead and do something to herself. Silence then comes, and all you hear is breathing.

Your duty is to do all you can to help. Therefore, in as calm and as unanxious a voice as possible, you should seek to bring the caller out and to get her to talk. Never yell, never start crying, never show irritability. Just keep your voice as moderate as possible---then try to talk the person into discussing her problems. If you get no answer or if you just get noises and this lasts more than 10 minutes, then it would be best to hang up the phone. You cannot be expected to do more. Chances are, the caller will call back, and then perhaps something can be done to help.

9. A 15-year-old boy says he has just taken 20 aspirin tablets---15 to 20 minutes ago,--and that he is beginning to feel woozy and his stomach hurts. He has been upset and has found life difficult. His parents have divorced, and he has lost his dog. He has no one he can turn to. He took the aspirin tablets to do away with himself, but now he is afraid and does not want to die.

Your job would be to immediately allay his fears by telling him that you will get him help as soon as possible. Ask him for his name and address, and tell him he will not get into trouble. Then suggest that he try to vomit while you are calling for help. While he is doing this, you should call poison control and ask them what else to do. When he comes back to the phone, ask how he feels and then tell him he needs to go to the hospital. If no one is available to help him, ask if it is okay if you call the police and send help for him. If the answer is "no," see if you can get the phone number of a friend or relative, then call them and send them over. Try and keep the caller on the phone until help arrives. If the caller will not respond to any of the suggestions you have made, then it would be your responsibility to send the police there as a precaution.

It is important to remember that, when one receives a suicide call, all attention should be focused on the call. Make sure that you maintain a calmness in your voice that will not cause a breakdown in communication. Above all, keep working with the caller until you have exercised your options. Remember that if something does happen, the chances are that you have done all you can. Therefore, your job is done.

10. An 18-year-old male calls to say that he feels very depressed. He has not eaten much for several days and he has not been able to go to work. He just sits and does nothing. He finds it more and more difficult to get up and do anything. He just doesn't have any drive. He says he feels down and worthless, but he has not contemplated suicide.

This kind of call comes in frequently and it is difficult to deal with. The caller can identify symptons of a problem but not probable causes. Thus, the telephone counselor faces the task of helping the caller define the problem and its probable causes. The counselor should probably probe both emotional and physical possibilities. The listlessness might stem from an emotional conflict the boy is avoiding. On the other hand, the counselor may suspect a physical ailment such as mononucleosis (in which case he would refer the caller to medical help). Or the problem may be related to drugs. Whatever it is, the counselor can't be of much aid until he helps the caller define it. Then the two of them can move on to examining the caller's priorities and some possible courses of action.

11. Mandy is 16, and she calls stating that she has left home. The reason is that her father beats her and threatens to kill her. He does the same thing to the rest of the family, especially when he is drunk. The girl states that the father is very prominent in the community and would experience great embarrassment if the problem were to be known. She states, however, that she needs help and will never go home again.

In this case, it would seem wise to first assure her that help can be obtained and the help would be kept confidential. Therefore, it would be wise for the girl to seek assistance from close family relations, her school counselor, or by turning herself in to the juvenile court. Seek to help the girl control her fears and other worries. Encourage her to face the problem and work it out.

12. You receive a call from a 14-year-old boy who tells you he has just taken five to ten dexedrine tabs and that he is almost ready to go out of his mind. His eyes are about to jump out of his head; he is con-

fused and unable to talk clearly and concisely. He is feeling that he cannot come down and he is afraid that he might die. Consequently, he wants someone to clear him up so he will not have to go to a doctor. He pleads with you over and over to help him out. You ask him for information and he refuses to give it to you. You persist but he becomes more and more afraid.

You should then change your tactic and seek to develop more rapport with the boy. This can be done by gradually beginning to talk about things that will help him see that all is not lost because of the drug he is on. A person should do all he can to keep the person calm and gradually seek to develop the boy's courage to get help. Reassurance should be given that probably all can be worked out but that something will have to be done to alleviate the person's condition. When his confidence is strengthened, the chances are the boy will respond and let you get help for him. If he does not, and things sound very serious, the other assistant should call the operator and ask for a trace. Then one should feel free to call the police. They could get the boy to a medical facility for help. Serious medical effects or even death could occur as the result of the boy's failure to move.

13. A call comes in from a desperate mother stating that she knows her daughter is taking "speed" on a regular basis. She does not know what it is, but she suspects that it is methadrine. She is frantic and thinks her daughter's life is ruined. She is afraid of what the girl's father will do if he finds out. The mother wants you to solve the case.

In a situation such as this, it will be necessary, usually, for the assistant to calm the mother down. Then, it would be wise to find out what evidence the mother has, how the daughter reacts (whether she knows the mother is aware), and what the mother has thought about doing. If everything points to the mother's suspicions being accurate, ask whether the mother has contacted the family doctor. If not, strongly recommend this as a way to start solving the problem. If she has done this, you could either recommend the juvenile court or a private or public agency that works with problem youth (private psychologist or county mental health clinic).

14. You pick up the phone and the person on the other end of the line states that he is being chased, that the world is against him, and the police are beginning to close in on him. He states that he has felt that way for two days and that it is all getting worse. He tells you that he has had five or six tabs of yellow sunshine (acid), he has smoked some grass, and he has drunk some wine. He does not sound confused, and he does sound awfully sure of himself, so you get the opinion that he is feeding you a line; the more he talks the more convinced you become. Finally, he tells you that he cannot stand it anymore, that he is going to do away with himself "or something." You feel like hanging up on him.

Despite the fact that the talk may sound clear, concise, and phony, this is not an adequate clue that the call is a hoax. One should remember that a person seriously disturbed emotionally (combination of amphetamine drugs and some liquors can do this) can sound very clear and to the point. Certain types of mental illnesses also allow this to happen. Should the person be that ill, one would need to be extremely cautious, for the danger might be very real. Thus, the assistant needs to seek to discover where the person is calling from. He should signal for staff help to trace the call by means of a second phone. It is essential to keep the person on the phone long enough to trace, and if things appear really serious, to keep him talking until help can arrive at the scene.

15. A girl calls around 11 p.m. to say that she is afraid to go home. She has smoked some grass and she knows her mother will find out and punish her. Besides, she will hurt her family and she does not want to. She only tried the drug because the gang urged her on and she did not want to be a "chicken" or not be a part of the party. She wants to know what she should do.

It would be wise for the assistant to gradually move the caller towards making her own decision in this case. It would be unwise to tell her either to go home or to stay away. The assistant should slowly seek to help the caller calm down and then face objectively just how upset her mother might become. Much attention should be focused on helping the girl

keep her perspective on the size of her problem. Much careful cajoling would be necessary.

16. A 14-year-old boy calls in and states that his parents are getting a divorce and that he fears his whole family will break up. He is rather upset and crying. He does not know what to do.

As a staff member taking the call, you should recognize that such a problem as impending divorce is very traumatic to most children. Therefore, treat the caller with great care. Every effort should be made to help the boy realize that there is hope still for some kind of reconciliation. Too, the caller should be encouraged to vent his feelings in moderate ways and to realize that he will have to remain strong emotionally in order for things to be worked out. In the course of the conversation, you should help the caller understand the importance of his fully discussing the home situation with the professional on duty or with his counselor at school.

17. A 16-year-old male calls in and states that he is having problems with himself. He asks to talk to a male because of his problem. He is a homosexual and finds it difficult to accept the problem he has.

Generally, you should first seek to allay the anxieties the caller is experiencing. One of the main problems with people experiencing emotional problems is that they feel no one else is experiencing the same problem they are. Thus, it would be wise to go ahead and talk about the fact that people do experience anxieties and that people have sexual problems that are seemingly hard to handle. Suggest to the person that he should talk things over with his counselor or seek help from the mental health clinic. You should also suggest that he feel free to call back and talk further about his problem.

Appendix C

SAMPLE TELEPHONE SIMULATIONS

This is a recording of a Hot Line training session which made use of tele-trainers. In this session, Hot Line staff members simulated telephone calls similar to those which are received at the Hot Line center. The trainees in the class then had the opportunity to receive the calls and to try to help the callers. After each call, a discussion and critique were held.

SITUATION-A

Trainee: Hot Line, this is Barbara, may I help you?

Caller: Yeah, well maybe, I wanted to talk to somebody.

Trainee: Yes, can you talk to me?

Caller: I don't know, I guess so. Umm, well, it's sort of like, right now I've got, you know, a fix laying here on the table and I've got my left arm tied off and I'm really thinking about shooting up.

Trainee: Mm mmm, but you haven't decided yet or what?

Caller: Well, you know, I was off it for awhile then, I don't know, and I feel like I might start up again and I just wanted to talk to somebody, I guess, before I did it.

Trainee: You really haven't decided then?

Caller: Yeah, well, I...I want to. Yeah, I haven't completely decided yet 'cause if I had, I would've done it.

Trainee: Uh, how many times have you tried it before?

Caller: Well, I was shootin' up for about a year.

Trainee: For a year?

Caller: Then I quit for awhile.

Trainee: How long have you been off it then?

Caller: Oh, about three or four months.

Trainee: Why have you suddenly decided you need it again then?

Caller: I don't know, I guess there...I'm not really sure what I want to do.

Trainee: Well, why didn't you do it for three months that you were off?

Caller: Well, I was going with this girl and she didn't think it was a good idea and she wanted me to quit, so I did. But we broke up so I sort of feel like doing it again.

Trainee: Was she the only reason then you were not doing it?

Caller: Yeah, I guess so.

Trainee: Did you miss it then?

Caller: Yeah, sort of.

Trainee: Yeah?

Caller: Yeah, I did, sort of, a lot.

Trainee: But you didn't, just because she was around, or was there some other reason?

Caller: Yeah, 'cause she didn't want me to.

Trainee: Would she have known?

Caller: Yeah, when it is someone, you know, man you can tell. I couldn't take off my shirt in front of her either.

Trainee: Have you thought about finding another girl friend?

Caller: Yeah, well I...sort of...but I don't meet people too well.

Trainee: You don't meet people very well?

Caller: Yeah, well, I don't know, I find it hard to talk to people.

Trainee: Have you always found it hard to talk to people?

Caller: Yeah.

Trainee: Well, you're talking to me.

Caller: Yeah, (laugh) but this is different.

Training: How come?

Caller: This is over a phone. You know.

Trainee: Yeah, you mean it matters that I can't see you?

Caller: Yeah.

Trainee: How come?

Caller: I don't know, it just does. I don't know, you know, I'm still nervous about it, but not as much. It's not like everything's okay. I still find it sort of hard to talk to you, but it's not quite as bad.

Trainee: Have you worked at this problem at all?

Caller: What do you mean?

Trainee: At not being able to talk to people very easily.

Caller: Well, yeah, sort of...well, I really don't know how you'd do it.

Trainee: Would you say you had any close friends?

Caller: Yeah, I guess, a few, buddies.

Trainee: You mean just guys and not girls?

Caller: Well, yeah, you know, I take one out every now and then, I mean just to parties and stuff like that to get them loaded.

Trainee: You just get loaded and you don't talk?

Caller: No, I talk, it's just like, I don't know. It was just different with this girl, it really worked out really easy. I'm just not really good at anything like just striking up conversations with girls and making like girlfriends and stuff.

Trainee: What happened with the one girl you liked?

Caller: We just decided to break up.

Trainee: Don't you have any reasons that you can think of?

Caller: No.

Trainee: Did you break up or did she?

Caller: It was sort of mutual.

Trainee: You got tired of her?

Caller: No...No, I don't know. I don't want to talk about that anymore.

Trainee: But you haven't gone out and found anybody else?

Caller: No.

Trainee: Are you going to start looking soon?

Caller: I don't know.

Trainee: Well, it seems like you got quite a bit out of the relationship. Can you think of any way besides going to a party and getting stoned that maybe you could find some more people that you could relate with?

Caller: Mmmmm, no.

Trainee: There aren't? Do you go to school?

Caller: No.

Trainee: How old are you?

Caller: Nineteen.

Trainee: Yeah. Where do you work?

Caller: Oh, construction work.

Trainee: Oh really? There aren't too many girls around there?

Caller: No, not on the job.

Trainee: Yeah...huh...So that only sort of leaves you weekends. What do you do on your weekends?

Caller: I go out and get loaded.

Trainee: You don't know anybody that doesn't get loaded?

Caller: No.

Trainee: No? Do you have, well, is your family pretty close?

Caller: I don't live with my family.

Trainee: You don't? Where do you live?

Caller: Huh? In an apartment.

Trainee: Are there any young people around the apartment?

Caller: I don't know.

Trainee: You haven't met any yet?

Caller: Not really.

Trainee: You haven't borrowed any sugar from your neighbor?

Caller: No! What's this got to do with, you know, I just want to talk about whether I want to hit up or not?

Trainee: Yeah, well I'm trying to see if maybe you've

got some other alternatives to getting loaded, you know. Ummm, you don't know any of your neighbors?

Caller: No, I'm not home that much.

Trainee: You have to work pretty long hours.

Caller: Yeah. Well, from 8:00 in the morning until 4:30 or 5:00.

Trainee: Well, what are your interests besides getting loaded?

Caller: Well, fixing up my car.

Trainee: Yeah? You work on a car? What kind?

Caller: I've got this '57 Nomad and, I don't know, a truck.

Trainee: And a truck?

Caller: A four-wheel-drive truck.

Trainee: Wow! Ummm, well, do you take your truck out a lot and ride up hills and stuff?

Caller: No.

Trainee: No, huh? Do you ever go skiing with it?

Caller: Go what?!

Trainee: Skiing, with your truck, you know, up in the snow?

Caller: With my truck?

Trainee: Yeah.

Caller: You can't ski on a truck!

Trainee: But it can get you, you know, up to the mountains.

Caller: Yeah, I guess.

Trainee: You're not interested?

Caller: No, I don't know how to ski.

Trainee: Yeah. Have you been interested, you know, would you like to learn though?

Caller: No, sounds really like a drag.

Trainee: Oh. Well, tell me what it's like when you're on, whatever you're going to take.

Caller: Okay. Well, I've got some heroin here. You want to know what that's like?

Trainee: Yeah.

Caller: It just feels, you know, like nothing matters, you just can talk about anything, it's really nice.

Trainee: You're by yourself n[illegible]

Caller: Yeah.

Trainee: And you like to do this by yourself?

Caller: Doesn't make any difference.

Trainee: Oh really. And it feels real good?

Caller: Yeah!

Trainee: All the time?

Caller: Yeah. It really makes you feel good.

Trainee: Yeah. Hmmm. Oh...let's see. You can't think of anything else you'd rather do than you're doing right this moment?

Caller: I think I'm just going to get loaded.

Trainee: Well then, why'd you call me?

Caller: I don't know, I really don't. I'll call you later, okay, I mean.

Trainee: No, I'd really like to know why you called

me before you hang up. Did you really think I could talk you out of it?

Caller: I don't know. I just wanted to, you know. I don't know what. I don't know whether... I didn't want you to talk me into anything.

Trainee: Uh huh.

Caller: Jeez.

Trainee: But you're trying to make a decision?

Caller: Yeah.

Trainee: Uh huh. Is this how you usually make your decisions?

Caller: What do you mean?

Trainee: I mean, do you talk to somebody about the decision before you make them?

Caller: No.

Trainee: Yeah, but this one's pretty serious?

Caller: Yeah. (Sigh)

Trainee: Do you think you could get hooked on this?

Caller: What?

Trainee: Do you get hooked on heroin when you get on it? Is it hard for you to get off of it?

Caller: Yeah.

Trainee: Yeah. Isn't this something to consider?

Caller: Yeah, it is.

Trainee: Is it kinda scary, getting hooked on it?

Caller: Yeah, in a way.

Trainee: Yeah, but, well. What do you have to go through to get off? Do you remember the last time?

Caller: Yeah.

Trainee: Was it really wretched what you had to go through?

Caller: It was sort of hard, but that was about it.

Trainee: Yeah.

Caller: It hurt a little bit, but that's all.

Trainee: Do you think you lost anything when you were on it?

Caller: I don't know.

Trainee: Do you remember, like the time when you were on it?

Caller: Yeah.

Trainee: What do you remember about it?

Caller: (Sigh) Nothing.

Trainee: I thought you said you did?

Caller: No...it was just good, you know.

Trainee: Uh huh. But I thought you said, it was good but then it was hard to get off of. And the girl, the girl tried to get you off, right? You got off for this friend?

Caller: Yeah, my girlfriend.

Trainee: She really meant something?

Caller: Yeah.

Trainee: Uh huh, but you missed it even when you were with her?

Caller: A little bit, yeah, but it wasn't too bad.

Trainee: It wasn't too bad? There was times when, you know, found it better with her rather than with heroin?

Caller: Yeah.

Trainee: Would you like to have those times back then?

Caller: Yeah, I guess.

Trainee: Well maybe you could work towards something like that.

Caller: Yeah, maybe.

Trainee: What are you going to do tomorrow?

Caller: Go to work.

Trainee: Right. Are you in danger at work when you've been loaded?

Caller: Oh, I'll be able to, I'll be able to get some sleep.

Trainee: Are you having trouble sleeping now?

Caller: No, not really. Hey look, I'll call you later, okay?

Trainee: Yeah, I wish you would. Call me back, let me know what you decide.

Caller: Yeah.

Trainee: Bye.

DISCUSSION OF SITUATION-A

Instructor: Any comments?

Class Member: I didn't like the way she handled it.

Instructor: All right, we'll give an "F" for that one.

Class Member: Yeah. She didn't go into his problem, like, I mean, nothing against you, nothing personal. I didn't like the way she handled it. I mean, he was right there with that needle in his arm. You know, get to the point. She didn't ask him what he was going to put in him, and I think that would be kind of important.

Trainee: He said he was going to shoot heroin.

Class Member: After awhile.

Trainee: He did? I thought he said it in the very beginning.

Class Member: And then, I don't know. Just all in all, I didn't understand what she was getting at compared to what he was getting at, you know. I didn't think they were together at all.

Caller: I would have hit up.

Class Member: Yeah, I didn't think she got to him at all.

Caller: Well, you know, get to the point quicker. You kept hinting around at alternatives. You didn't, just say, "Okay, if that's what you want to do, shoot up, fine. You got your choice. You can do it that way, or you know, you can do something else." Maybe looking for, like the whole key to it is the fact that he was off for his girlfriend. Okay, you know, there he's got something that took the priority over the heroin, so you try to work on that priority and say, "Okay, you got your choice; you can go on the heroin, but aren't you looking for a really satisfying relationship with a person?" If he says "No" then tell him maybe he should shoot up.

Trainee: I'm not going to tell him that!

Caller: You're not here to judge on him shooting up. In a sense, what happens is that he's got to make a decision.

Trainee: That's what I was trying to do.

Caller: It's gotta force him to think, is this what I'm really looking for? If that's what he wanted to do, to shoot up, he probably wouldn't have called, so you've got a really good chance of him not hitting up.

Instructor: He's looking for something, that's why he called.

Caller: Yeah, you've got to be really quick with the alternatives.

Instructor: Any additional comments?

Class Member: I thought she should have found out right away what kind of habit he had prior to this so that she really knows what kind of problem he has. If he was just dinging around with it and was not hooked on it, or if he has really got a habit.

Trainee: He said he had been off of it for three months and on it...

Class Member: Well, you know, on it, what's on it three months? Is that on it everyday for three months or twice a week for three months? I think if you find that out it gives you a little better perception about what his problem is and how you might best help him.

Caller: You should have spent more time checking what was neat about the relationship, because that's what made him stop using the drug. Then you could compare the satisfactions of heroin and the satisfactions of the relationship. He has to see things in terms of priorities and options.

Trainee: It's his decision then?

Caller: Right, I can't change him. All I can do is introduce that new idea and he'd have to take it.

Trainee: You mean, that he needed another close relationship?

Caller: Yeah.

Trainee: That's what I thought but I did not know how to get there.

Instructor: Okay.

SITUATION-B

Trainee: Hello, this is Hot Line, Walt, can I help you?

Caller: Yeah, I think so. I don't know. You know, I'd like to talk to somebody.

Trainee: Okay.

Caller: Well, I'm new and I'm in athletics in school.

Trainee: Yeah.

Caller: And I'm on the basketball team and, I don't know, the season's been going really bad for me. It's just, our team's doing really bad and a lot of the guys think it's my fault and there's also the fact, like, you know, on Saturday nights, after a game, we'll go out and maybe drink a little bit or smoke some dope and I don't know. It really makes me, I get super depressed. I mean, you know, really depressed. I don't know, it's really, I really start getting scared and I really can't show it in front of the guys 'cause they'd think I was. They'd really get down on my ass then.

Trainee: Yeah.

Caller: Now, I'm really depressed about 'cause, you know, like ever since I've been a freshman, on every team I've been on, I've been trying to get on varsity and I made it last year. I've been playing basketball all my life and I really sort of care about it and everything's going really screwy. I don't know how to handle the situation 'cause you know, like people are starting, you know, how people will do little things like give you looks and just sort of make you feel weird. Like, you know, act like you're a fuck-up or something. I don't know, it's really strange. I don't know, I'm getting so depressed about it.

Trainee: Are you really screwing up on your basketball game or is it just little things, like everybody's making you seem to be the scapegoat for everything?

Caller: I don't know. I...I...I...don't think I'm doing the whole thing, you know. Like if it's only me, we wouldn't be going that bad. Everybody's not doing too good, it just seems like. Ah, it's partly too because

I'm the captain of the team, you know.

Trainee: Yeah.

Caller: So like everybody says, "Okay, like you're supposed to make everything work." And, I don't know.

Trainee: Have you developed a team unity type thing? I mean, they seem to be putting all the pressure on you like you're the only one that's able to make it work. Have you talked with them about the unity of the team and how important it is?

Caller: Could you say that again please?

Trainee: Yeah, okay. Now, they seem to be applying all the pressure to you because you are supposed to be the leader and that you are supposed to make everything work. Well, a basketball team is made up of five members on the court, and if they're not all working together, well, then, you know, it's not going to work out right.

Caller: Yeah, I don't know. I guess I just don't feel, you know, like I can put on the show like I know what I'm doing. Like it's hard to. The coach has been talking to us, you know, but, I don't know, it's just that nothin's working. I'm not doing really good in school and I was hoping I'd get a scholarship too, and that's really getting me down.

Trainee: Yeah. Well, how good of friends are you with all these guys on the team? Are you real close or what?

Caller: Well, I don't know. Nah, I mean, like we do stuff together, but, I don't know, it seems really phony. You know? Sort of like "rah, rah." I don't think too much 'cause lately they just seem to be like...I know they've been talking behind my back and stuff like that.

Trainee: Well, do they talk about anybody else on the team behind their back?

Caller: Yeah, it's something that happens a whole lot.

Trainee: Yeah, but you feel that they're blaming you for just about everything?

Caller: Yeah. Yeah, I guess I do.

Trainee: But what do you feel you could accomplish with the team that you have? Do you think that they could be a lot better than they are?

Caller: Yeah.

Trainee: And how do you think you can go about that?

Caller: I don't know...I really don't know.

Trainee: Yeah.

Caller: It's uh, maybe, I don't know. It's just like...it just doesn't seem like it's the right, you know, personnel. It's just like a personality clash with all the people. It just doesn't seem right. You know how there can just be a group of people that don't fit together?

Trainee: Yeah.

Caller: It just seems like that.

Trainee: Have you talked this out with your coach? Maybe you could switch around a few people here and there. Of course that might cause a few hard feelings, I'm not sure what the setup is.

Caller: Well, I don't know, I really haven't talked to my coach that much 'cause I'm sort of scared of him, you know.

Trainee: Yeah.

Caller: Well, not scared but, you know, he doesn't take to people like, talking stuff out and sometimes he just gets mad. Maybe it's since we been losing, he's been really mad.

Trainee: Yeah.

Caller: You know, really pissed off at us, especially me. I think he's gonna think of kicking me off or something.

Trainee: But he does give you guys pep talks?

Caller: Yeah.

Trainee: Has he been working you pretty hard or what.

Caller: You mean practicing and stuff?

Trainee: Yeah.

Caller: Oh, yeah.

Trainee: I see, and has he been stressing group unity at all?

Caller: Yeah, he has, but it just isn't working.

Trainee: I see. Has the team ever gotten together and talked about group unity without the coach being around?

Caller: No, we haven't.

Trainee: You know, that might be something that you could try. Because maybe the coach being around is just like when a person walks in a room and everybody stops talking. You know, that type of thing.

Caller: Mm...mm...mm.

Trainee: Maybe that's the way you guys feel when he walks in; because you don't sound like you're really close friends with him---like you're friends, but you're not really close.

Caller: Yeah.

Trainee: Maybe it's just a matter of, you know, not tuning in to each other.

Caller: Could be. I don't know, I'll have to try that.

Trainee: Yeah. I think if you guys get it all together and get to know each other really good then you can work together a lot easier.

Caller: Yeah, It sounds pretty good.

Trainee: So I hope you guys start winning games.

Caller: Yeah, so do I.

Trainee: Yeah, I think I'd try that. That sounds like it might work.

Caller: Okay, I mean, like if that doesn't work, can I call you back?

Trainee: Yeah, fine.

Caller: Who do I ask for?

Trainee: You can ask for Walt.

Caller: Okay.

Trainee: Good luck.

Caller: Thanks a lot.

DISCUSSION OF SITUATION-B

Instructor: Any comments?

Class Member: One thing that you might have tried to find out is what else had happened in his life outside of basketball that maybe was affecting the way he was operating on the floor, and I think he probably kind of tipped this. I think you might suggest something that would kind of get his mind off himself and onto the team.

Class Member: Did you feel that he was overly depressed?

Trainee: It didn't sound like a, you know, suicidal type thing. It just sounded like he was down in the dumps. It was at a time of a low in his life and everything was kinda falling in.

Class Member: Everything was loading him up.

Trainee: He was going to pull through, he just needed a little push.

Class Member: Should you have elaborated a little bit more on the things that made him feel depressed?

Trainee: I don't know. I think mainly what I was trying to get to was what he was talking about right then.

Class Member: How come the drug thing didn't concern you at all?

Trainee: He said booze.

Class Member: Oh, I thought he said drugs.

Trainee: He said they go out and drink a little and smoke a little dope.

Class Member: But that didn't concern you at all?

Trainee: NO, no, no.

Class Member: That's not his problem right now.

Trainee: No, no.

Class Member: That's just a symptom of the problem, so you just sort of jump over that, huh, and not go all around that?

Trainee: Well, when the other's cleared up, then that will, also.

Class Member: He didn't say they go out and get, you know, really loaded every night or something like that. He said they just go out and smoke some dope once in a while.

Instructor: You know, if anybody says dope, everyone all of a sudden reacts. Let's go on to our next call if there are no more comments.

SITUATION-C

Trainee: Hot Line, I'm Bob, may I help you?

Caller: (Hysterically carrying on) Can I talk to you for a couple of minutes, please?

Trainee: Yeah, sure, go right ahead.

Caller: I called to tell you, could you just tell my parents for me that I haven't failed, please. Please, tell my parents for me.

Trainee: Okay, you want to just tell me, please what is the problem?

Caller: I'm a failure, but I didn't mean to be.

Trainee: What is the problem?

Caller: I'm a failure, but I didn't mean to be. Could you please tell them for me?

Trainee: Okay, now, what do you think you've failed at?

Caller: I mean, at so many things. But I didn't do it intentionally or anything and I just decided I can't take it any more. I've got my father's gun here and I'm going to use it. I'm going to for sure. I called you to tell them that I tried my best but I couldn't please them. Please tell them. I'm not going to take it anymore. I don't have to. Don't you understand?

Trainee: Well now, wait a minute. What is it that you think you've failed at? Specifically.

Caller: I told you, I'm a failure. Aren't you listening to me? Didn't you hear me tell you that?

Trainee: Now what are you going to accomplish by using that, by...are you talking about suicide?

Caller: I've got the gun here, I'm going to use it!

Trainee: Uh huh. Okay.

Caller: I can't do anything else.

Trainee: Now what are you going to accomplish by killing yourself?

Caller: You know what happened?

Trainee: What happened?

Caller: I went to school...like my parents wanted me to do, but I couldn't take it any more.

Trainee: College, is that college?

Caller: Yes, I went to college. I'm supposed to go on to more college and get a degree and get my Masters', but I can't do it.

Trainee: Why not?

Caller: Because my parents want it. I can't do it. I dropped out and now they call me their failure. My boyfriend left me. I have no one. I have no friends. I can't do anything. I can't do anything anymore. I tried...I tried.

Trainee: Okay, now, let's just talk about killing yourself.

Caller: What do you want to know? I have the gun right here.

Trainee: What is that going to accomplish?

Caller: I'm gonna...It's going to accomplish a lot of things. It's going to get me out of this hell, don't you understand? I can't take this hell anymore. I don't have to. I don't have to.

Trainee: How old are you?

Caller: I'm 19.

Trainee: 19?

Caller: What difference does that make?

Trainee: How long were you in school before you decided you were a failure?

Caller: For two years.

Trainee: You started school and...?

Caller: School isn't important to me anymore, don't you understand that? You sound like my parents. I'm not going to take it from you.

Trainee: You haven't failed, you just...

Caller: How can you say that, you don't know me! You sound like everyone else, you're calling me a failure!

Trainee: No, there are so many things you haven't tried to do yet.

Caller: I don't have any friends. I'm lonely. I'm all by myself. My parents left me this weekend. They had enough of being around me, they left me. That's why I can do this so easily and get away with it, but now I won't be here to tell them I tried my best. Can you do that for me? Can you help me that way?

Trainee: Hey, look, no, I don't know your name?

Caller: Can we talk...let's talk about something else for a minute, Okay? Can we talk about something else, please, for a minute?

Trainee: Sometimes I really get depressed too.

Caller: Okay, what do you do?

Trainee: What do I do? I might call Hot Line if I'm really depressed, you know.

Caller: You're not a failure. Are you a failure?

Trainee: Sometimes I really do bad in school. I even get F's and it's really terrible and I...

Caller: I'm not going to take this anymore. I'm sick of life. I can't do anything, I'm helpless. I'm helpless. No one wants me.

Trainee: Now, you're only 19 and...

Caller: But I've been through so much, I seem so much older.

Trainee: Listen.

Caller: Oh God, can't you help me, just for a minute, just for a minute.

Trainee: All right now, we were talking about something else and I thought we were doing really well. Now, when I get F's or something...

Caller: Oh, let's not talk about grades, I'm sick of talking about grades. Can't you understand me?

Trainee: All right, but we're talking about my grades.

Caller: I don't want to talk about your grades, I don't want to talk about anyone's grades. Haven't you gotten that through your head? Aren't you listening to me? What are you doing?

Trainee: I'm listening and I know that you're 19 years old and you're very upset...

Caller: I have reason to be upset, wouldn't you be upset?

Trainee: I would be upset and I would probably call Hot Line.

Caller: Okay, I've done that. I want to tell...I called to ask you for a favor.

Trainee: All right.

Caller: Ohhhhhhhh...it's terrible. I'm left alone, no one's here with me. I don't even have a pet.

Trainee: Where are you now?

Caller: Can you help me?

Trainee: Do you live in an apartment or at home?

Caller: I live at home, I told you that earlier. My parents have gone, they left this weekend because they tired of me. They left me all alone, that's why I can do this, I told you that.

Trainee: Do you live in Portland?

Caller: You're not listening. You don't care. You're like everyone else, you don't care about me. No one cares. I can't help it, I tried.

Trainee: Do you live in Portland?

Caller: I've tried so hard. I wasn't good enough. No, I wasn't good enough for anyone.

Trainee: Okay, you're really upset. You're really depressed and you're really...

Caller: And I'm not going to get on tranquilizers anymore. They had me on that for so long and no, I'm not going to turn into a vegetable. I don't want to take any more tranquilizers. No, I'm not going to turn into a vegetable all my life. Oh, God can you help me? How can I live with myself? I've got a gun here. Please do me that favor. Please tell my parents like I asked you. Please, that's all I ask of you.

Trainee: All right now, I...

Caller: Thank you very much. (Click)

DISCUSSION OF SITUATION-C

Instructor: You win some, you lose some. How does it feel to be in the hot seat? We heard that one last week, quite a stirring performance, so we requested that act again. That's why I asked for some one who hadn't been here last week to work on the phone. Very, very realistic call.

Class Member: I'd like to know how you...

Instructor: Yeah, this is a very easy one to pick apart. We went around it last week. Fantastic!

Caller: You didn't do anything! You made me do all the talking, I didn't like that.

Instructor: Let's have a critique from people here about how she was responding to his counseling.

Class Member: It sounded like she didn't want to hear about anything but herself.

Class Member: I'm not sure she would listen, she just kept crying.

Instructor: I know.

Class Member: And then, she wouldn't give the address, she wouldn't give where she lived.

Caller: He only asked once.

Class Member: No, he asked you several times.

Caller: Oh.

Trainee: You were really role-playing that part.

Caller: I couldn't hear you a lot of times.

Trainee: I think you really got into it.

Class Member: He tried to find out where she lived. In the back of his mind she was a suicidal prospect and I think he really tried. He said, "Do you live in a house or an apartment? Do you live in Portland?" And she was very upset, of course, and didn't come through with what he wanted. Maybe you needed to put a little bit more pressure on that because you knew if it was a prospect for suicide and had you been able to, you could have sent out for help.

Instructor: Well, one thing we definitely did need was location, maybe not the identification of the person, but at least an address or telephone number so we could have gone back and found the address. We need something.

Class Member: How could you tell her parents?

Instructor: How could you tell her parents?

Class Member: If you didn't know her name or address or phone number?

Instructor: Yeah, right, that is a good reason for asking for it.

Class Member: She was so into hysterics, I don't see how you would have gotten her calmed down that much.

Trainee: Let's talk about the responses I made, that's what I want to hear about.

Instructor: I thought when you got into trying to tell her how you knew how it felt to be depressed, this is good because this authenticates what she's saying when she's saying, "I'm desperate, I'm depressed." And you say, "I know how you feel, I've felt that way myself." This validates her saying, "Yes, I can feel that way, I do feel that way." And, you know, it's tough when you keep saying, "I try and help her," and she keeps coming back and saying, "You dumb dodo, aren't you listening? You're not listening to me!" I think about all you can say when she talks to you like that is, "You know, I want to help you. You need to help me to help you because right now I want to help you in the worst kind of way, but I don't know how." You know, be as genuine as you can and I think you might be able to get her just a little bit by, you know demonstrating the fact that you really do care, you know, in just plain words.

Class Member: But what could you establish? That she's completely irrational and needs a Suicide Prevention Program or something other than what you can give her?

Instructor: Well, until you can get her to where you can carry on a rational conversation with her, there's no point in trying to say, "Why don't you call Suicide Prevention!"

Class Member: Oh, is there no way you can have the line tapped or something so that you can get someone professional out there to help her?

Instructor: There are two possibilities that could be used. He could have had the operator trace the call which can take over 45 minutes and should only be done in extreme emergencies or if he wants to relay this call to Suicide Prevention he could have dialed their number and patched this caller into their lines but he stands the chance that she will not want to talk to anyone else.

Trainee: What bothers me is that she hung up.

Instructor: Yeah.

Class Member: Really, she needed help and she got away because he wasn't able to establish a contact there.

Instructor: But, like, okay now, that's the most important thing right there; that's what you want to do right then, right off.

Trainee: But when do you decide you can't? Wouldn't you think there would be a point there that you would have to establish that she's irrational and you can't make contact?

Instructor: Well, you have to keep trying as long as she's on the phone.

Trainee: Oh, do you, so you don't make any effort to get her to listen?

Instructor: Well, yeah, that's the first thing, if you can't get her calmed down to where she will listen to you or you will be able to listen, or understand what she's saying, well, then, you know, that's not communication.

Trainee: No, so then what are you going to do?

Instructor: So you just have to keep on, if she hangs up before you establish communication that's unfortunate.

Class Member: Well, there's nothing else you can do.

Instructor: No.

Trainee: I mean she's like a brick wall.

Instructor: Yeah.

Class Member: But you have to keep going over and over the fact that you cannot understand what she's saying.

Instructor: That's right.

Class Member: Wouldn't it be helpful to have somebody else on the trunk line listening too?

Instructor: Yeah, you could do that.

Class Member: Because not everybody is going to be able to even get to the point that he did. I think he did pretty well, but maybe he could bring somebody else on the trunk line. I mean to help with this person or at least listen.

Instructor: One thing we don't want to do is allow someone else to get on that trunk line and say something without letting the caller know. Especially if someone is tripping out. After they finally establish a rapport with you, if they suddenly hear a strange voice, forget it, they will hang up.

Class Member: Just listening then.

Instructor: Well, we've got that phone over there. You can just flip it on and listen to it.

Appendix D

HOT LINE AND THE LAW

This is a recording of a Hot Line training session in which a Chief Deputy District Attorney presented some of the legal dimensions of social problems in which youth and other users of Hot Line may be involved.

I hardly know where to start. I think, maybe for openers, we should just take a look at the laws that relate to juveniles. I deal daily in the vineyards of other people's problems as they relate to the law. I work in the area of marriage and divorce, inadvertent pregnancies, venereal disease, runaway kids, man's inhumanity to man---and girls.

Today, for instance, I had a 15-year-old runaway, who was in the process of getting herself emancipated. The mother is divorced, lives in Vancouver, says, you know, "A pox on you. I can't deal with you. I can't control you, there's nothing I can do with you; you won't pay attention!" The girl's just kind of wandering around out there. Her problem---to get herself a job, to get herself a place to stay, to get herself somehow situated and back into school, which she recognizes as being sort of an important prerequisite to getting a job and somehow getting ahead in society.

And it's just a common, everyday problem; followed by a 19-year-old girl who is living at home, who is pregnant, who wants a therapeutic abortion, who doesn't want to tell her parents about it. Her parents are supporting her and she refuses to tell them. She hates her parents. There's been no communication between the three of them for 'umteen' years; if she has to tell them, she won't. Of course, the obvious alternative to that, if she doesn't tell them she won't get a therapeutic abortion, probably, and she'll continue to become more pregnant, at which time, I can't tell you what's going to happen. So, we're in the process of working that out.

That case was followed by a girl who was molested by her father and is now deep into the drug scene and has got a few other problems. And so, that's just kind of an average day for me.

There are a lot of laws which relate to young people and there's a fantastic change, a fantastic evolution in the law with regard to people who are under the age of 21. We've seen it in the revised criminal code. We've seen it in the revised laws with regard to juvenile court. We are now in the process of seeing it in regard to a special commission which has been appointed by the Legislature to overhaul the juvenile code and other laws as well. And so, when I talk to you about some of these particular rules of laws tonight, understand that they are in the process of being severely looked at and, in addition to that, they may well be revised within the next year or two.

Smoking is no longer against the law; it used to be. It used to be that anyone under the age of 18 who possessed tobacco in any form in a public place was guilty of a violation of law with sanctions (if you were over 16) or as much as three days in jail or a fine of $5 for each offense, or multiple fines or multiple three days in jail for multiple offenses. As of January 1, 1972, the Oregon Legislature abolished the law so any child who is two or three or four or five years of age walking along the street with a cigarette in his mouth is behaving perfectly within his right.

Booze is still unlawful for anyone under the age of 21. It is still a violation of the law for a minor to possess alcohol or drive under its influence.

It's unlawful for anyone under the age of 21 to be at a race track. You can't loiter there unless you're in the custody of someone who is over 21; and then there is another statute that says you can't be at a dog race if you're under the age of 12. I don't know how those two particular laws correlate, but one of them just relates to race tracks in Oregon, and the other one specifically relates to dog races. Unless you are 21, you can't bet at, enter, or loiter upon any race track in the state of Oregon, unless you are accompanied by someone who is over 21 and who is your parent or guardian.

Voting. You can now vote in both state and federal elections from the time you are 18 years of age and older. That was recently changed in 1971.

Contracts. Persons 18 years and older may enter into contracts by themselves. You can execute a contract

and, if you get burned or ripped off that's your tough luck. For instance, if you go to Honest John, the used car dealer, and he sells you a lemon, you can't complain, "Hey, look, I'm a high school dropout and couldn't read it" or "Nobody never told me" or "The blanks weren't filled in" or "I didn't understand what the legal effect of this particular clause was in the contract." And you can't raise the defense that "I'm under 21 years of age and therefore I am not liable on my contract," which used to be an absolute defense to you. Now, if you're 18 years of age or older and you get burned, you're burned. But there's a practical problem with regard to contracts. Now that you're able to contract, nobody has to loan you the money and lending institutions and agencies still generally require a co-signer who is at least 21, preferably a parent or some older person who has some kind of an established credit rating.

Abortions. If you're under the age of 21 and unemancipated (that is, if you're living at home, or if you're living, say, in college, and your parents are supporting you there) you need the consent of a parent or a guardian in order to obtain a therapeutic abortion. There's been an interesting correlation to the legalization of therapeutic abortion in the state of Oregon. In 1950, about 22 years ago, we had about 667 children born out of wedlock. In 1960, we doubled that to 1,250 children born out of wedlock. In 1968, we doubled it again to 2,831 children born out of wedlock. In 1969, we went up to 3,049 children born out of wedlock and 1970, we dropped (for the first time in over 20 years) to 3,010 children born out of wedlock. And my preliminary figures from the Vital Statistics Section of the State Board of Health indicate that it's going to be right around 3,000 again for the year 1971. It appears to have somewhat leveled off, but it dropped 39 from 1969 to 1970. The reason for it probably was the advent of the therapeutic abortion law which took effect in Oregon on August 22, 1969.

In 1968, before the advent of the law, there were only 323 therapeutic abortions performed in Oregon---that's about 25 per month. And, in those days, and under the stringent law, the only justification for performing an abortion was to save the life of the mother and you had to get a psychiatrist who would, in writing, state that the girl would jump out a window and take her own life if she carried this preg-

nancy to term and he firmly believed that. He'd pull that out and then another doctor would sign that he agreed with the psychiatrist and then, under those particular conditions, you could get a therapeutic abortion. The psychiatric ran you about $50 for a 20-minute interview. The therapeutic abortion itself was quite expensive and the hospitalization was quite expensive. And then, there was a natural reluctance on the behalf of many hospitals to do them in the first place. So that all added together to create this 323 figure in 1968.

In 1969, with the law becoming operative on August 22, we increased that to 1,407 therapeutic abortions. That's an increase of 435.6 percent over the prior year.

In 1970, which was the first full year we had therapeutic abortions, we did 7,350 abortions, 5,541, or 75 percent of which were performed on unwed teenagers. Seventy-five percent of them, coincidentally, were also performed in Multnomah County. The preliminary figures for 1971, and they're still being tabulated, will run right about 7,200, so you can judge that there are about 600 therapeutic abortions being performed per month. Or, to break it down on a 30-day month basis---20 per day, 30 days a month, 12 months a year. And that appears to be a fairly level figure. My experts tell me that they expect it to remain just about at that figure. Coincidentally, the figures, with regard to unwed, pregnant teenagers, are staying the same too---something in excess of 5,000 for 1971. They think that the figures will probably remain fairly constant in that particular area because Washington has recently enacted a liberalized therapeutic abortion law and California has a liberalized therapeutic abortion law and the only influx to the state would probably be from Idaho and I don't know that the people from Idaho know where Oregon is. Anybody here from Idaho? I haven't seen any Idahoans coming in order to take advantage of our law.

Now, that is not just a figure. Those are people. If there were 5,541 girls involved who were teenagers, I can tell you that there were probably about 5,541 boys also involved who were more than likely teenagers too. That's some 11,000 people who were materially affected by the decision to abort in 1970 and 1971.

As a social scientist, which is basically what I am, and what most lawyers are, it's going to be very interesting to see, over a period of time, how these 11,000 young people fare as a result of having gone through this; to see what kinds of husbands and wives and parents they are going to be.

Prior to the advent of that law, illegitimacy was moving up at such a rate that if it had continued at a sustained trend, by 1980 one out of every five children born in the state would have been illegitimate.

It'll be interesting to see whether or not adoption is going to be affected. I'm told that it is, that the number of adoptable children available through adoption agencies is being affected severely by this, and Albertina Kerr and other adoptive placement agencies are going into other types of counseling. And yet, I just came from the White Shield Home and they're doing a booming business up there. They seem to be backed up. They kind of fluctuate. Their impressions are that they're back in business again---unwed motherhood.

The decision as to what's done once a girl finds herself pregnant and not married is hers and hers alone to make. I talked to someone else who worked with this Hot Line and who got a question like that on the phone not too long ago. A girl called thinking that perhaps she was going to have to release her child for adoptive placement if her parents wanted her to. That's not so. The law states that what shall be done with regard to the pregnancy is the decision of the girl and the girl alone. This creates all kinds of practical problems.

I've had guys, for instance, who wanted their fiancee or girlfriend to keep the child and the girlfriend wanted a therapeutic abortion; she got one. One guy was sitting in my office and crying because he wanted his girlfriend to continue the pregnancy to term. I've had several situations, or many, in which the guy wants the girl to get the therapeutic abortion and he's perfectly willing to underwrite and assume the daily expenses and costs of that; but the girl wants to keep the child. The answer: She keeps the child. And there are situations where the child is released for adoptive placement over the guy's objection. The

answer: She only needs her signature to release that child for adoptive placement. She doesn't need the consent of the natural father at all.

Question from the floor: Seems that I've got a hangup. Now, you say that if you're under 21, you have to have your parental consent, one of your parents can sign, or your guardian?

Answer: Right.

Question from the floor: But now the decision to have an abortion is the individual's decision?

Answer: Right.

Question from the floor: The girl's decision. Now, why didn't the Senate Bill 98 or 96 have an effect upon this, on abortions?

Answer: Oh, first of all, we've got to define what we're talking about when we're talking about Senate Bill 98, which is now Chapter 381 here in the laws. That provides that any physician in the state of Oregon who is licensed by the State Board of Medical Examiners may provide birth control services and information to any person, without regard to the age of the person. And, a minor who is 15 years of age or older, repeat, 15 years and older, may give consent to hospital care or medical or surgical diagnosis or treatment by a physician and the physician may not, repeat, may not advise the parents or the guardian of the minor of the fact that such care or treatment or diagnosis is being given.

However, Subsection 11 provides that a hospital or any physician or any dentist may advise the parent or parents or legal guardian of the minor of such care. This gives the doctor the option of either advising the parent or not advising the parent. The bill originally had a provision in there that if a doctor elected to treat the minor---treat the 15-year-old or 16-year-old---without advising the parents, then he could not look to the parent for payment of these services. That's still implied in the law. You run into practical problems. Many physicians, of course, are interested in getting paid and many 15-year-olds don't have the bread to pay for the services. And, so, as a practical

matter, the phone call is made.

What will probably happen, from a pragmatic point or from a practical standpoint is that there will be a list of doctors which will soon be disseminated to the teenage underground as doctors who will be utilized by the young. We've had them before in the drug area; we've had them before in the birth control and contraceptive area. As a matter of policy, for instance, Planned Parenthood of Oregon was disseminating birth control information and devices by licensed medical practitioners over there on Broadway prior to the advent of this particular law and without informing parents of those particular facts.

The original bill also had in it a provision for therapeutic abortions for people who are 15 years of age or older without parental knowledge and consent. There was a very strong anti-abortion faction down at the Legislature in 1971. The Right to Life people were there and then there were some others who were just sincerely and honestly convinced that the liberalized abortion law was wrong and ought to be repealed entirely. And so, as a Legislative compromise if you're under 21 years of age and unemancipated and living at home or being supported by your parents, your parents have to know, at least a parent has to know. Now, there's a difference between having to know and having to consent. What happens, for instance, if you have a parent who is Roman Catholic and who can intellectually cope with the decision to abort, but from a religious or philosophical or personal standpoint just can't sign? The answer in that situation, and I run into it quite frequently, is that I set up a temporary guardian and let the guardian sign the necessary consent papers to get it done and take the parent off the hook. But, in any event, the parent is actively and intimately involved with the situation and does provide reinforcing and supporting assistance for the tab all the way through.

What happens if the parent says, "Go ahead and let her have the baby, it's good for her; it's going to teach her a lesson." And I've got a case just like that, a 15-year-old girl. The answer: You file a petition in juvenile court alleging that the circumstances and conditions of the young person, who is under the age of 18, are such as to endanger her own

welfare. The court will create a court guardianship and the guardian, through the juvenile court, will sign the necessary consent papers and you get it done even over parental objection.

Question from the floor: You say that you must have parental consent if the girl is being supported by her parents, or is at home, but if she's 19 and is off on her own, what happens then?

Answer: All right, you're talking now about one of the exceptions. I'm glad you brought that up, we were just getting to it. If you're emancipated, physically separated from your parents, employed, self-supporting, and no longer a part of the family, then you are legally regarded as an emancipated minor. Under those kinds of situations, a petition may be filed and a temporary guardianship may be set up for you and the guardian will consent to the therapeutic abortion.

Question from the floor: Who is this temporary guardian, is that just anybody?

Answer: A person who is over the age of 21, who is a resident of the state of Oregon. Usually in the cases that I handle, it's a social worker who's connected with the family consultant or the consulting office.

Question from the floor: How long does it take to get the papers signed?

Answer: Generally two or three days.

Question from the floor: If the parent has principles against signing and you appoint a guardian, isn't this without the parent's knowledge?

Answer: No, with the parent's knowledge.

Question from the floor: Oh, I see.

Answer: Yeah, right. As a matter of fact, it's not only with their knowledge but in many cases, with their blessing.

Question from the floor: I understand.

Answer: Yes, I even had a situation where a dear,

personal friend of mine, an attorney who grew up an altar boy and acolyte and almost became a priest, was married and had an intentional pregnancy with his wife. She contacted Rubella during the first three weeks of the pregnancy and every medical expert in the book certified that child, if born, would be grotesquely malformed and they all recommended uniformly that she get a therapeutic abortion. She agreed with their decision although she's Roman Catholic too. He just couldn't cope with the signing of the thing and so she called me under an assumed name and then found out who she was talking to and then finally broke down and said who she was and I said, "Well, come on in." So, then I called her husband in and asked him if he would like to have me set myself up as her temporary guardian and sign for her. He didn't know that could be done, but thought that was a great idea. And so we ended up at the hospital, the three of us: the wife on one hand and the husband on the other and me in the middle, signing the papers.

Question from the floor: That's an interesting point, I didn't know that could be done.

Answer: Yes. I think you have to defer to a person's personal convictions in this area and the interesting thing is how many Roman Catholic and religiously oriented or philosophically oriented people can intellectually cope with the decision to abort, yet personally cannot cope with it.

There are times, too, when, for instance, among the college set, every once in a while I'll take a collegiate girl home to her parents and tell them that she's pregnant. The kids themselves will want to get themselves out of the situation and the parents will agree to that. And they'll say, "Okay, we'll take one step back, can you handle it?" "Sure I can handle it." Then the three of us, the guy and the girl, and myself---just go through it and the parents take a step back, just to let the kids get through it themselves. It's kind of an adult way to handle it.

On the other hand, my last collegiate has a father up in Washington who wants very much to be involved in the thing. He came all the way down from northern Washington today to sign the consent form and to let his daughter know he's still with her. So, he took

the view that he wanted to be personally involved and wanted to come down and sign the consent papers himself even though, as a matter of accommodation to him, I said, "I can set up a temporary guardianship for you down here and you won't have to bother." And so, there are all kinds of variations on that particular thing.

Question from the floor: On the temporary guardianship papers, do you have to have permission from the parents first to have a temporary guardian sign it or can the girl come in and say that she wants somebody else to sign it and then tell her mother? Or does somebody inform them and does the mother have to say it's okay first?

Answer: All right, first of all, you have to find out if she's emancipated or not. If she's an emancipated minor, in other words, if she's truly self-sufficient and in no way dependent upon her parents for support, she has the option of either having a parent or guardian sign. If she's not, if she's living at home or if she's being supported at some place else by her parents, then a parent has to be brought in on it, that is generally, a parent. It's interesting to see why people decide which of the parents ought to be told. In some cases, it's the father; in some cases, it's the mother. Right now, and I haven't been keeping records, it's about a 50-50 split and they generally choose the one that they're the closest to or the one they have the best communication with. And the contacts or the communications are made at the dad's office, for instance, or the place where the mother works. And interestingly enough, many times the parents agree that the other parent ought not know about it---"My God, no!" or "Her father idolizes her, this will destroy him!" and, in that situation, mom, herself, just kind of quietly signs it and gets it taken care of. But, if they do not want to sign, or it's too much bother for them to sign, then, of course, under those circumstances a temporary guardianship can be set up, with their knowledge.

Question from the floor: Can they ever stop you if they want to?

Answer: No, because that decision, as I said at the offset, is the girl's.

Question from the floor: If the girl is emancipated

and not living at home, that is, not dependent on a guardian but dependent on a guy she's living with, what happens then?

Answer: If she's on her own?

Question from the floor: Yeah, not supporting herself, but maybe living with a guy who's supporting her.

Answer: All right. She'd still be emancipated because the emancipation stipulation relates to the family, relates to the parents rather than to someone else.

Question from the floor: Let's say a girl is living at home under her parents and they completely object to it. Is there any way possible for her to get an abortion?

Answer: Yes, let me make that point clear. The decision as to what happens to the pregnancy is the girl's alone to make, even over the objections of her parents, boyfriend, minister, or doctor.

Perhaps I can tell you something about the psychology of pregnancy. Many girls, first of all, fight the fact that they're pregnant. They think they're going to start menstruating just any time now, that they've just been nervous and upset an awful lot. But gradually they grow to realize that they are pregnant. And with this comes physical changes and certain emotional changes in the way they look at things. They lie awake until three or four or five o'clock in the morning and think, "My lord, what am I going to do about this?" They have really about five alternatives: "I can step in front of a bus and kill myself; I can marry him; I can have the baby and keep it; I can have the baby and release it for adoption; or I can have a therapeutic abortion." Those are really the only alternatives that the girl has; and four out of five of them are valid. The choices whether she keeps the child or releases the child, whether she has a therapeutic abortion, or whether she becomes married, (which is generally more mutual than unilateral) basically are hers.

And, if the parents, are going to fight the abortion decision, then we'll take it to court. I've never had to go that far, as a practical matter; and I make these trips, about three or four times a week out to parents. The girl is the one who is going to have to live with that decision for the balance of her life. Her parents are going to 'cash out' at least 20 years ahead of her.

The difficult thing about it is, that there isn't anyone that the girl meets on the street or anywhere else who doesn't have deep-rooted convictions about what she ought to do. And pregnancy can create a supersensitivity. You walk down the street and somebody looks at you and you think, "My God, he knows!" or everyone seems to be pushing a baby carriage or you see a Good Housekeeping and there's a baby creeping across the cover, or you turn on the television and there's a panel discussion of the pros and cons of abortion. And you just become terribly sensitive to these things and you think, "Everyone is talking about me." And if you do let the secret out to someone else, they're likely to hassle you some way. People are hassled so badly by the time they get there.

If you go to the Right to Life people, they'll tell you one thing; if you go to the Abortion Information Referral Service, they'll tell you another; if you go to Planned Parenthood, sometimes you get different information; if you go to a child care agency, such as Boys' and Girls' Aid Society they might say something like they told one of my girls just the other day, "Look, we understand that the decision to keep the child is yours and we respect you for it, but you know it's really one of God's greatest gifts to give your child up for adoption." They're still an adoptive placement agency. And this poor girl was getting unstrung by all this.

So, depending on where you go, you get all kinds of free advice and counseling and suggestions and recommendations as to what you ought to do about your situation. The girl has to understand that decision is hers. She can listen to as many people or as few people as she wants; she can tune them in or out. But, after everything has been said and done, the decision as to what happens is hers. And so, that, I think, has to be made very clear.

Question from the floor: What's the boy's responsibility if she decides to keep it?

Answer: To assume and pay for the cost of supporting that child for a period of 21 years. In addition to that, assume and pay for the reasonable and necessarily incurred hospital, doctor and medical expenses; and, if the case goes to trial, to assume and pay for the court costs and prosecution. The cost of prosecution will run between $200 and $300. If a private attorney handles it, the new law, which was passed in 1971, also provides that the girl's private attorney is entitled to attorney's fees from the defendant in addition to that.

The usual amount of monetary support awarded the court is between $50 and $75 per month. Now, it's closer to $75 because of the inflation factor. That's $900 a year or $18,900 over a 21-year span.

Hospital, doctor and medical expenses will run you now, from a private hospital with private medical assistance, between $600 and $1,000. At the County Hospital, it's somewhere between $200 and $400, although I have a bill on my desk that hit yesterday, in excess of $2,700 for a very complicated Caesarian operation that a young man has to pay. It's a bill which will either be paid or the guy will go to jail for it---it's punishable as contempt. The maximum for contempt of court for failing to pay child support is 180 days in jail, which is accumulative. If you fail to pay willfully for a period of two months or more, you're also guilty of a crime, felony non-support. And we extradite unwed fathers from other states and bring them back to Oregon for criminal prosecution weekly.

It's a tough world, folks, out there, it really is. Even when the woman gets the money, however, it's not enough. From her standpoint, it's never enough; from his standpoint, it's always too much. The money really is turned over to a babysitter. A responsible babysitter will run you between $60 and $80 a month.

Question from the floor: What is the legal theory behind making the man assume the payments?

Answer: All right, these: (1) Neither one of them

held a gun on the other at the time the conception occurred; (2) Each of them could have employed some contraceptive or birth control method by which pregnancy might have been prevented and neither of them did; (3) 23 of the chromozones are his and 23 are hers. In addition to that, the law says that there is some social good that comes from knowing with certainty, who your father is. And they look at it through the eyes of the minor, dependent child.

The child is entitled, as a matter of legal and moral right, to receive reasonable and regular care, support, maintenance, education, nurture, and assistance from his parents, both of them. There are some variations in child support, depending on circumstances. Obviously, a 15-year-old, unemployed boy isn't going to be able to pay as much as a bank vice president. And a crippled child is going to take more to support than a well child. And a girl will cost you, generally, more than a boy. The cosmetics alone will destroy you. As a father of five daughters, I can speak with some certainty about that. The third reason for making the father pay reasonable and regular support is that the tax-paying public ought to be relieved of the responsibility of providing support for the child on the welfare rolls.

Question from the floor: Now everything that you've said has had a check and balance to it. You set up a set of balances and yet the girl makes the decision to have the baby when the guy doesn't want her to have the baby. Doesn't that kind of throw things out of balance?

Answer: It is out of balance in that respect. That's one of the laws that we're looking at. Should a natural father have some rights in determining what happens to his girlfriend's or friend's or associate's pregnancy? It's a good question. At the present time, the law doesn't give you any answer.

Question from the floor: How can you prove that he is the father if he denies it?

Answer: How do I prove paternity cases? It's very simple and it's almost by formula. I put the girl on the stand and she testifies that her name and her age are as follows and that she lives at this particular address, and she's never been married. Yes, she knows

the defendant; she met him during April 1970 in high school and started going out with him about June. As a consequence of that, they started going steady with each other and about October that year they commenced having intercourse with each other several times a week. Did either of them utilize any birth control or contraceptive measures to prevent pregnancy from occurring? No. What happened as a result of that? I became pregnant. In or about what month did she become pregnant? In December of 1970. Who is the father of that child? The defendant is the father of the child. Were her menstrual periods regular or irregular? Regular. What cycle: About 28 days apart. How long do they last? Oh, anywhere from five to six days. When was her last menstrual period? It occurred in the month of November. Did she have any menstrual periods after that? No. What happened after she became pregnant? I told him about it; he panicked and fainted and said "let's get married" or "let's get an abortion", or "let's do all these other things." Then, I ask if she had sexual intercourse with any other male person from the time she first met Roger until after the baby was born. The answer is no. Then I turn the girl over for cross examination. It's just as simple as that.

Then I put the mother on the stand. The mother says, "Yes, Mary Lou was living with me during this entire period of time." Did you know the person or persons with whom Mary Lou was associating and relating, dating and going out with? "Yes." Who were they? "Roger." Were there any other persons during that period of time? "No." That's enough to get me to the jury right there.

Now, what are Roger's classical defenses? Flight is one of them. You know, "I'll head for Tuscaloosa." It's sometimes cheaper to stay in Oregon than to head South. Flight can result in extradition on a felony warrant. He can say, "Not me, I never knew the girl." That happened in the last case I tried. It was a very shaky defense. The guy just said he'd never met her, never went out with her. As it happened, they exchanged Christmas presents and his name was on a gift certificate from the girl. We also found a few other things she was able to testify about with great specificity. These are things about him that she could have only known if their relationship was as

intimate as she described it to be. But he was a very interesting defendant. He just kind of sat there using the hop, skip and jump defense. You know, "Yes, I met her, I knew her, I went out with her, I had sexual intercourse with her. I had intercourse with her during the months of January, February, March, April, June, and July." Wouldn't you know it, she became pregnant in May. The juries tend not to believe that. They figure that a fact once established continues until the contrary's been shown; and his mere denial that he had intercourse with her during the month of May isn't sufficient. The last straw he can clutch at is, "Gee, whiz, Mr. Hart, we're bringing in six of my buddies to testify that they got into her, too; then I'm off the hook." Sometimes the magic number is three or five.

The counter to that particular defensive ploy is that those buddies are either telling me the truth or they're lying. If they're lying, of course, they'll go to jail for perjury and that's good for 15 years in the Oregon State Penitentiary. If they're telling the truth, then they must testify that they had sexual intercourse with the plaintiff during the critical period of time, which is the month in which the conception occurred. If they do that, I'll join them as co-party's defendant and let them fight over who's the father in that situation. I've never had to go that particular route. These six guys never materialize. I hear a lot about them, but I never really see them.

There were two guys in one case who tried to help the defendant with the "buddy" defense. After the cross examination, one of them left on a plane immediately and the last I heard he was working in Saudi Arabia on an oil line. They're easy to take apart if they're lying. This guy was just completely destroyed. I think his story was that he'd taken her to a movie. What was the movie? The Sound of Music. And after that, he took her home and had intercourse with her. Just a one-shot deal. Of course, the girl was just furious, just seething, listening to this guy weaving this web up there. So, I told him that the Sound of Music was a pretty neat movie. "Yeah." But after a few questions, it became pretty evident that he'd never seen The Sound of Music. He couldn't tell what she wore. He couldn't remember where the act of intercourse took place. It was in a car, but he couldn't remember what car. Why a car when he was living in the park blocks at the time

and was within a few blocks of the Fox Theater. He could have walked there? He couldn't remember why they used a car. His story was pretty bad.

There's another kind of defense: "I'm sterile." You know, "I was injured when I was 14 years old in a Pop Warner football game and you don't have to worry about me." Whenever I get the sterility gambit, I immediately march them down to Physicians' Medical Lab and have them give me a semen specimen and look at the little wrigglers under the microscope.

Question from the floor: Can you prove that he was the father through a blood test?

Answer: You cannot prove that a person is the father, but you can use blood tests to prove that someone could not possibly be the father. In other words, you can use it to positively exclude someone. My lab people tell me that there will come a time when they're going to be able to tell with certainty, scientific certainty, that this person is the father of that child. They haven't made that kind of scientific breakthrough in their blood testing yet. But with better microscopes and better testing techniques, they think they are going to be able to say, with certainty, that this particular individual is the father of that particular child.

Question from the floor: All they can determine is that a certain person of this particular blood type is the father. It can be anyone of that blood type, can't it?

Answer: Yes. The reason they can't use it to say that this person is the father is that there are literally millions of people in each of those classifications.

There is a minor exception that perhaps I ought to touch on. There are some blood types which are so exotic that sometimes you can get it admitted as evidence because you can show that the probabilities of more than a few guys having this type are so slim that it's likely that this particular guy is the father. But I've only had about two cases like that. Even then it isn't conclusive.

Question from the floor: May we get back to men's rights for a minute?

Answer: Sure.

Question from the floor: Supposing the woman is married and wants an abortion, does her husband have any say in that?

Answer: Absolutely.

Question from the floor: She cannot get the abortion without her husband's consent?

Answer: Without her husband's written consent where they are living as husband and wife. Now, the law provides an exception to that. That's where the two of them are physically separated from each other and where the separation was in contemplation of the dissolution of that marriage. In that kind of situation, the mother can sign on her own. In that situation most of the doctors in town require an affidavit, under oath of the mother, that that is the situation. They feel even more comfortable where there is a divorce in the mill, for instance. But, where you're living together as husband and wife, then it requires the husband's consent. Why? Because the marital union, the marital community is such that it requires a joint and mutual decision. The separation that I'm talking about is not the separation where your husband is a soldier in Viet Nam and you happen to get lonesome and you go out and have a couple of drinks at a neighborhood party and one thing leads to two others and you become inadvertently pregnant. In that situation, the husband still has to be brought in.

Question from the floor: What if the husband and wife are living together and she becomes pregnant by him. Then, before she knows it, they're separated. Does he still have a legal say in the decision to abort?

Answer: The separation is in contemplation of divorce?

Questioner: Yes.

Answer: Probably not, in that type of situation because there's no marriage left. The law would take the position that, the reason for requiring his involvement

and his consent is no longer there. There's no marriage left.

Question from the floor: This is a bit off the subject...

Answer: Go ahead.

Questioner: Is there such a thing as a common-law marriage?

Answer: No.

Questioner: I didn't think so. You can't be living with a girl, like for two years and...

Answer: No, and you hear these magical years, like seven years, and you're married. No, there is no common-law marriage in Oregon, nor is there common-law marriage in California or Washington. Idaho, I think, has abolished it in the past year or so. There are only 13 states left out of the 50 that still recognize common-law marriages. I think the closest state to Oregon that recognizes common-law is the state of Montana. Now, if you move and go into Montana and you live as husband and wife there, then you are married, because the minute you move into a common-law jurisdiction, and you hold yourselves out to third persons as husband and wife, the trap snaps, and, at that point, you are married. Then, if you come back to Oregon, you're going to have to dissolve that union by a dissolution of marriage proceedings. Get a divorce, in other words.

Now, while we're talking about that, that brings up an interesting change in the law, too. As of January 1, 1972, it's perfectly lawful for a man and woman who are 18 or older, to "shack-up" or live together. Prior to that, it was a crime. It was called "lewd cohabitation" and was punishable by a fine of $300 or six months in jail or both; and each of the parties was considered responsible or liable for that. Was it actively prosecuted? Not in most counties. It was in my county because I viewed it as a precursor to illegitimacy. I was getting too many illegitimate pregnancies and children coming out of that situation. At present, it is legal. It will be interesting to see whether or not that adds to the illegitimacy rate.

There are some legal and practical problems that spin off that situation. If a child is conceived under those circumstances, it's illegitimate. You have problems of inheritance from it's natural father unless a marriage has been traditionally established. The child is denied Social Security death benefits if the father gets "knocked off" in a crosswalk on his way home. And we're talking about $105-$108 a month for 18 years, if the child continues in college. Social Security Disability benefits are also denied this child. State industrial Accident Compensation benefits are denied the child.

It's also very difficult for a paternity lawyer to prove a paternity case once the child is, say, three or four years of age. There's a six-year statute of limitation on paternity cases anyway.

***** 15-MINUTE BREAK *****

During the break there were several things we touched on and I think maybe we ought to share some of them.

Ted asked what is the situation in the state of Washington regarding the age of majority. There's been an overall movement across the country to lower the age of majority to 18. As a matter of fact, in the 1971 Legislature, there were two bills introduced to lower the age of majority to 18. In addition to that, in the special session of the Legislature, which met to handle some of the tax problems, there was a special bill introduced to lower the age of majority to 18. They didn't open that can of worms because they figured if they acted upon it at that particular time, they would have opened the flood gates to a bunch of other legislation. But I think in 1973 in Oregon, you're going to see the age of majority lowered to 18.

Question from the floor: By age of majority, you mean that they can do anything?

Answer: Anything I can do, you can do.

Question from the floor: Does that include drinking?

Answer: We're looking at that too. It probably will. I think you'll even be able to go to dog races if you're 18.

However, we could lower the age of majority and keep the age of purchasing and drinking up to 21.

Question from the floor: I lived on the east coast for awhile and in Washington, D.C., the age is 18 and in Virginia it's 21. Could kids in Virginia go to Washington, D.C. and purchase it and come back? Do they have to show any kind of card to show that they are from Virginia or anything?

Answer: Well, they can purchase it legally in Washington, D.C. Now, if it was a crime in Virginia to be in possession of it, the mere fact that they brought it back, or the parent gave it to them, or what have you, would probably put them in violation of Virginia law. I don't know what the law is in Virginia, truthfully.

Question from the floor: What happens to a person who has a store and he sells it to anyone who walks in? What happens to a guy who gets caught selling to a minor?

Answer: The most drastic thing that happens to him is that they shut him down; generally 10 days to begin with and the next time is 30 days. They just shut down his capacity to sell.

Questioner: Sell what, just booze?

Answer: Booze, yeah, that's what hurts him the most. But, in addition to that, he runs afoul of the criminal statutes. He can be fined, or put in jail. From a practical standpoint, the thing that owners really worry about the most is being shut down.

Question from the floor: Do law enforcement officials realize how simple it is for minors to obtain alcohol?

Answer: Absolutely.

Comment from the floor: I've got a friend who was stopped in Gresham and he's 17 and they found a short case under the front seat and they just dumped it out and told him to go home, because they're looking for bigger things now. They can't waste their time with all these kids drinking.

Comment from the floor: My girlfriend buys it and she's only about 16. What could happen to her if she went in and she wanted to buy it and she didn't have any ID or anything? Could they do anything besides say, "I can't sell it to you"?

Answer: Oh, they could turn her into the Juvenile Court for violating the law. Anyone who does an act, which if done by an adult would constitute a violation of the law, comes within the jurisdiction of the Juvenile Court. If a petition was filed on her, she would probably be placed on informal probation with a juvenile court counselor the first time. She would be counseled that she shouldn't be doing these things and returned to the custody of her parents under, maybe, some supervision, or maybe under none. Again, Juvenile Court just has an awful lot of other problems to contend with. But maybe this girl's problem is something a little bit more basic than that she's 16 and feels this overwhelming compulsion to get booze every once in awhile.

Comment from the floor: Well, she just can buy, and when people ask her, she does.

Answer: Does she have fake ID?

Comment from the floor: No, she doesn't have any ID.

Answer: You mean she's 16 going on 34.

Comment from the floor: That's the truth. I've seen her do it. She walks into the store; she picks it up; sets it down; she's never been asked yet.

Answer: Same store?

Comment from the floor: No, all over. She walked into Fred Meyer's the other night and did it.

Question from the floor: I was wondering. If you were with a relative over 21 and sober and there was alcohol in the car and the police stopped just to check the car and they find this alcohol...

Answer: Probably nothing would happen.

Questioner: What happens if the seal is broken in that case?

Answer: Still nothing would happen.

Questioner: Nothing would happen?

Answer: Because there would be a legal person in there. In other words, you have two theories. One is consistent with innocence, the other which is consistent with guilt. The presumption of innocence attaches and so the officer would have the right to presume that the bottle, open or not, belongs to the person who is legally entitled to it.

Comment from the floor: A lot of kids drive drunk parents home.

Answer: Yes, right. The statement was made over here that a lot of kids drive drunk parents home or around. A lot of kids do worry about their intoxicated parents and I deal with them in marriages that are falling apart. Kids who are straight, are making it academically, come in to see me because they are worried about their parents. One of them may be a falling-down drunk at home and they're concerned about the other little children that these people are supposed to be caring for. It's a problem, folks.

Let's talk about marriage. The law provides that if you're a girl 15, with parental consent you may get married. A girl 18, however, can marry without consent. If you're a boy, however, you have to be at least 18 to marry with parental consent, 21 without. The legislative intent is based on a couple of premises. One is that a 21-year-old boy and an 18-year-old girl are equally mature emotionally. Maybe that law, which is decades old was enacted at a time when the economics of the situation were such that the legislature thought that no boy had the economic means to support a marriage until he was at least 21 years old; and, therefore, the legislative intent was that a male had to be at least 21 before he could get married without parental consent. Do you think that those things ought to be leveled off; do you think that they ought to be lowered; do you think they ought to remain where they are? Do they make any sense to you?

Question from the floor: Can you go through this guardian business if you want to get married? Appoint a guardian to authorize the marriage?

Answer: You could if it was in the best interests of the young people, create a court guardianship

and let the guardian sign the necessary consent, even over the parents' objections. What's the likelihood of that happening? Not much. Why? Because the practical problems that involve teenage marriages, even under the best of circumstances, are so difficult that most judges exercising some discretion would probably agree with the parents. You don't, for example, solve the problem of illegimate birth with a teenage marriage. You don't add a problem to a problem and come up with a solution. But that is an option. And a court guardianship could be created under the juvenile code to grant consent to the marriage.

Question from the floor: What about laws on getting married in Idaho? I once heard that a boy and girl both 15 could get married without parental consent.

Answer: A boy has to be at least 17.

Questioner: And the girl has to be how old?

Answer: Fifteen, with parental consent.

Questioner: Well, what about without?

Answer: Eighteen.

Questioner: Eighteen for a girl and 17 for a boy?

Answer: Seventeen with parental consent for a boy, 20 without.

Questioner: Okay. Say, two kids go across the state border into Idaho and get married and come back into Oregon, is the marriage legal in Oregon?

Answer: Yes, a marriage which is legal where it is performed, will be legal in Oregon. So, if you get married in Montana, for instance, under an Indian tribal rite and Montana recognizes that, that is a perfectly legal marriage ceremony in Oregon. We still have statutes on the book that say that if you get married on an Indian reservation in accordance with tribal custom that that's a perfectly legal marriage. It helps if one of the parties in the marriage is Indian. But if it's valid where it's performed, Oregon will recognize it as legal here.

Question from the floor: Back to juvenile emancipation. Once a juvenile is considered emancipated, is he therefore forever emancipated?

Answer: No, you can go in and out of emancipation like a swinging door; some kids do.

Questioner: That's no good. I mean, once your kid leaves and goes to work, and then, say, gets into trouble, then he can come back and you are responsible?

Answer: Until 21, right. Parents are responsible until the kids are 21, right. Well, then, what's the answer to it, lowering the age of majority to 18?

Comment from the floor: Well, I would say the parent should try to keep this kid at home for as long as possible.

Answer: What age do you think would be appropriate?

Questioner: If they're 18 or out of school.

Answer: At what age do you think the parents' responsibility for the care, support, maintenance, education and nurture of a child ought to end? If he moves out, the parents' obligation to support him does terminate. If he moves out and becomes self-supporting, that's what emancipation is about. If he goes into the military service at the age of 19, their obligation terminates. If the child is adopted by another person prior to 21, the parents' support obligation terminates. If the child gets married at the age of 16, the parents' obligation to support is terminated. But what I was trying to get at, sort of philosophically, is, do you think the age of 21 is realistic today?

Comment from the floor: No.

Answer: Do you think it ought to be lower than that?

Comment from the floor: Yes, I do.

Answer: At what age do you say, 18?

Question from the floor: If the child moves out at 18, and gets into a bunch of trouble and wants to come back, do you have to let him come back? Do the parents have to take the responsibility?

Answer: Yes and no. The parent is not required to support his child in life style contrary to the parents' personal philosophy, assuming the parent offers a reasonable refuge. In other words, so long as I offer the sanctity and comfort of my home to my children and I lay down reasonable rules and regulations, (like you have to be in by 1 a.m. and you have to cut your hair) and my children choose not to abide by those particular rules and move out and turn around and sue me for support under the doctrine that I'm obligated to support them, they have no case. Now, on the other hand, if they go out and try something and then come back and are willing to accede to my parental authority, and to live by the rules of my household, yes, I'm still obligated to support them.

Question from the floor: In this case, supposing that we're talking about juveniles.

Answer: We're talking about minors. Juveniles are people under the age of 18, minors are people under the age of 21.

Questioner: Well, if a juvenile moves out and then comes back, won't cooperate and the parents don't want to keep the kid, can't they just toss him or her off on the juvenile authorities?

Answer: Yep. That's what's known as being ungovernable or being beyond parental control. Every once in a while, you see these mothers that have just had it up to here and the kids have had it up to here, too. The parents take them over to juvenile court and say, "Here, you take him, I can't do a thing with him." There are no real foster homes available for teenagers as a practical matter. The kids are "neither fish nor fowl." They're almost up to a point where they can hack it and yet, not quite. And they're big enough to give you some trouble if they want to. If they want to stay out until 3 o'clock in the morning, they're going to stay out until 3 o'clock in the morning.

In the last case I had just like that, the kid worked out a deal with the mother's blessing. The kid is now in his apartment and the child support that was coming to her is now coming to him. He is now working as a bag boy at Fred Meyers and going to school. He has two more months to go before he graduates and he's now into the real world as an emancipated 17-year-old boy.

He's finding out a lot of things. One, that while there is some freedom attached to that--he can stay up as late as he wants--there's responsibility, too, because he has to keep that job at all costs. He needs the money and he has to get to the job on time and he works until 11 o'clock at night. He stocks shelves and things. Then, he has to get up and get down to school because the school's got it very tightly structured. "You miss another class and you're not going to graduate"--that type of thing. So, the kid is really hemmed in. But the mother's happy and he tells me that he's happier too.

Question from the floor: If the mother kicks out a son or daughter, can she send a policeman after them? I just heard from someone that if you run away, they can send the police after you, but if they kick you out, they don't have any right to send the police after you, is that true?

Answer: Not necessarily true. They could probably issue a warrant for your apprehension on the basis of your being ungovernable and on the basis of your being in circumstances which might endanger you. That is, you're an innocent lamb out there among the wolves and a warrant ought to be issued for your apprehension for that reason. But on a runaway situation, yes, a warrant could be issued for you and probably would be.

Question from the floor: It is true, though, under those circumstances, that the police aren't going to try very hard to serve the warrant?

Answer: I suppose there would be a natural reluctance, although it depends on how dedicated your juvenile officer is. Don't assume they just go out to throw you in the "slammer" and keep you there. Juvenile officers have really got some concern for young people. Truthfully, it's a tough job.

Question from the floor: If you mother and you get in a fight and she literally, bodily kicks you out and you decide that you're going to teach her a lesson and stay out for a while, can she send the cops out to get you? If they pick you up, would you be treated as a runaway case?

Answer: No. You'd probably be treated as an ungovernable child and since the circumstances and conditions would be such as to endanger your welfare,

they could pick you up in order to save you from yourself and the rest of the world. They pick you up on that basis but they could also pick you up as a straight runaway, too. But, under the circumstances you bring up, it would be a question of being beyond parental control.

Question from the floor: What if some period of time has passed?

Answer: They still try--put out an all-points bulletin.

Question from the floor: Now, suppose we get a call and this girl is crying and she says, "My mother just kicked me out and I don't know what to do or where to go."

Answer: Okay. Juvenile Court's open 24 hours a day. It's not the greatest place in the world, but it sometimes sure beats what you had going for you at home. And they will take you in. They'll give you warmth and a place to sleep and food and clothes, if you don't have any, and they'll look into the circumstances no later than 10 or 10:15 the next morning, assuming that you go in on a weekday. If you go in on a Friday night, well, then they won't have a hearing until Monday morning.

Question from the floor: Then you get your name on the blotter and everything?

Answer: Well, yeah, but that isn't the end of the world. We manage to get a law in the 1971 Legislature that expunges Juvenile Court records if you've been straight for a period of two years. And so, two years after the event, your record's automatically erased anyway; so the old record bugaboo should no longer be a problem.

As a matter of fact, I have a case that a lawyer called me about today involving a boy who was convicted on a possession of marijuana charge. The boy wants to go into the military. He has no other record other than this. The two years have not transpired, but I've already made arrangements with the judge to expunge the record anyway to get the boy into the service.

So, there are ways to get records obliterated if that's what you're concerned about. But even having a record for a limited period of time may be better than standing

out in the street, crying and wondering what's going to happen to you when your parents have thrown you out in the cold.

Now, there are other places to go, too. Call the Contact Center; call me; call responsible relatives--aunts, uncles, grandparents, if they are around. How about the parents of a girlfriend--will they put you up just overnight in that situation? The next morning you can begin to look at the problem that's at the bottom of it all.

Question from the floor: How does Contact Center relate to this group?

Answer: To Hot Line? It's a community resource, like Abortion Information Referral Service, Planned Parenthood, Right to Life, Teens Anon, Alcoholics Anonymous, the Family Counseling Services, or Boys' and Girls' Aid Society. It's just another agency working to help runaway young people.

Question from the floor: What if--and we've had quite a few calls on this--a young girl or boy, under 18, runs away to stay at a friends house? Can the parents of this runaway kid prosecute the other parents in any way?

Answer: It depends on whether or not they are knowingly and intentionally seeking to hide the children from the parents. However, most parents have the common sense to pick up the phone and call the parents of the runaway and say, "Look, Mary Lou is over here, she's just fine, why don't you leave her here. She's in the bedroom and not causing any trouble. Relax and we'll take another look at it tomorrow when the sun's up." And let the parents get a night's sleep on the thing so they can take a fresh look at it in the morning. That's the practical, common sense way to handle it. And that's the kind of thing that usually happens between parents.

Question from the floor: What if you...all right, get into this argument at home and you're running away. You don't want to go to any friend's or relative's. Can you go down to that place and then the next morning move all your clothes out and over there?

Answer: Now you said "that place." What did you have in mind?

Questioner: That juvenile place.

Answer: Juvenile Court?

Questioner: Yeah. In the morning could you move all your stuff out, you know, all your clothes?

Answer: No, because Juvenile Court isn't a long-term provider of housing. As a matter of fact, the turn-around there is less than 12 days now, I think. They try to keep you in there as short a period of time as possible. What they try to do is to move you back out, either back into the home of a responsible relative or back into your own home if they can, if they can work out the particular difference. That's the first thing they try to do. If they can't do that, then they start looking around for a foster home placement. Now they're beginning to work in the area of emancipation. There are certain cases that I know of where they have actually set kids up in apartments. And they supervise the kid so in case he starts to go under there will be someone there to help him. So, no, you couldn't move all your clothes out and take them to Juvenile Court and set up house.

Question from the floor: We're getting a little late and I see people getting anxious and getting their coats on. Could we tie up? Could you say what the legal implications are for a person who works at Hot Line. I know some people have asked me, "Could I get burned for...? You know..."

Answer: Basically your liability has to do with the law of negligence and that is, the doing of an act a reasonable or prudent person would not have done under the same or similar circumstances. Or, conversely, the failure to do an act which a reasonable or prudent person would have done under the circumstances. If somebody calls up and says, "I've just been bitten by a rattlesnake," and you say, "What you need to do is run around the block three times," and you speed up the guy's circulation and he dies as a result of that in six seconds, you could be burned for negligence. Because, obviously, a reasonable person wouldn't give that type of advice.

I really don't see much other liability from a practical standpoint. I suppose that I could, in my imagination, conceive of some type of a conspiracy where you would be instructing someone to violate the

law and you might be held then as an accessory or as a co-principal in a scheme to rip somebody off. I just don't see that happening from a practical standpoint.

I guess that answer to it is common sense. There's just no substitute for common sense. There's nothing wrong with saying, "I don't know." No one knows everything, and there are times when you get into situations that are just beyond you. So you refer the problem to the appropriate people.

And so one of the functions of the Hot Line is to act as a referral agency, to have a list of resources readily available. Incidently, the Metropolitan Youth Commission is still coming out with a compendium. It's going to be coming out with more than 500 different resources in the community that you can turn to for all kinds of help. I recommend that you use it as a resource guide.

Someone asked me if someone came down to me and asked for legal assistance, could they get it free? Not necessarily. But they could get it. We have a problem-solvers group of more than 400 lawyers in this state and 55 different towns and cities from Albany to Woodburn. We'll help anyone between the ages of 12 and 20 with any problem. We mean just that, any problem. But for every hour that we spend helping you through your particular problem, you owe us an hour of your time. We'll match you hour for hour and what you have to do is turn around and donate an equal amount of your time toward helping someone else in the community who is less fortunate than you. In other words, our help costs you your time and effort and your energy and your talent and your innovativeness. We have, as I say, about 400 lawyers in the program. About 190 of them are right here in the Portland metropolitan area and we are very quietly helping young people in all kinds of situations. We also do much referral, even in that area.

Question from the floor: Is there any help for a young person over the age of 18?

Answer: Sure. Legal aid exists for people who have a net income of $200 or less a month. That's take-home, spendable income, plus $50 per month for each additional dependent. In addition to that, there's

a lawyer's referral service that's very economical. For the first half-hour of time, I think it's $10 or $15 for whatever information you can get out of a lawyer. You get a lot if you talk fast.

Other resources are the County Health Department, the Mental Health Division, and an out-patient clinic up at the University of Oregon Medical School Hospital, which treats people on the basis of ability to pay.

We also have individual practitioners. I have a whole category of doctors who will treat people like my young people for reduced charges or for nothing where the need is apparent.

There are all kinds of resources. Family counseling is available free to people on the fhird floor of the county court house. Family counseling is also available for charges at various other agencies. There are just all kinds of people out there who can help people of whatever age and condition..you bet.

I think it behooves you to become knowledgeable about these particular agencies and about the people in them, people you can rely on, people you can trust to come through when your client needs them.

Question from the floor: Now, to become knowledgeable, do we get this book you were referring to?

Answer: That's a good place to start, right. It will not only list the agencies and their addresses and telephone numbers, but it will also indicate what their services cost. It will also indicate whether or not the information that's imparted is privileged and confidential as a matter of practice or policy. It will also have a descriptive paragraph about the nature of the service that's provided. It's going to be cross-indexed, I'm told, under many different things, and it should cover everything from acne to zoology.

Question from the floor: Is it going to be loose-leaf so we can change it?

Answer: I kind of look for it to contain a way to change it.

Comment from the floor: What we plan on doing is putting it on a 3" x 5" roll-a-file.

Appendix E

BIBLIOGRAPHY FOR HOT LINE

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REPORT OF THE ADAPT TASK FORCE ON
DRUG ABUSE INFORMATION
February 12, 1973

There is a vast array of educational material in circulation for drug abuse information, most of which is too biased and counter-productive for use. A Task Force on Drug Abuse Education was established by the Association for Drug Abuse Prevention and Treatment (ADAPT) of Metropolitan Portland. Its purpose was to provide a select list of the most useful written material available. The following are its recommendations:

For brief, accurate presentations of the most basic information on the drugs of abuse and drug crisis management:

1. Irwin, Samuel. "Drugs of Abuse - An Introduction to Their Actions and Potential Hazards." 1973 (second edition), 50¢.

2. Lampe, Matthew. "Drugs - Information for Crisis Treatment." 1973, 50¢. (Both are available from the Student Association for the Study of Hallucinogens, STASH, 638 Pleasant Street, Beloit, Wisconsin 53511)

For broader reviews in depth including history, economics and nature of the drug abuse problem and possible approaches to it:

3. Fort, Joel. Pleasure Seekers: The Drug Crisis, Youth and Society. Grove Press - Random House Inc., $1.45.
4. Brecher, Edward. Licit and Illicit Drugs, A Consumers Union Report. Boston: Little Brown and Co., 1972. $12.
5. The Non-Medical Use of Drugs: Interim Report of the Canadian Government Commission of Inquiry, 1971. Penguin Books, $1.65.
6. Irwin, Samuel. "A Rational Approach to Drug Abuse Prevention." In Contemporary Drug Problems (Westbury, N.Y.), 1973. Spring issue.

For thorough, up-to-date reviews on marijuana:

7. Cannabis: A Report of the Commission of Inquiry into the Non-Medical Use of Drugs, catalogue No. H21-5370/4 (Information Canada), 1972. $3.
8. Marihuana: A Signal of Misunderstanding, the official report of the National Commisssion on Marihuana and Drug Abuse, Signet Books, New American Library, Inc. (1301 6th Avenue, New York, New York 10019), 1972. $1.25.

For information on the effects of marijuana:

9. Tart, Charles T. On Being Stoned: A Psychological Study of Marihuana Intoxication, Science & Behavior Books, Palo Alto, California, 1972. $7.50
10. Masters, R.E. and Jean Houston. The Varieties of Psychedelic Experience, Delta Press, $1.95

Contained in these pamphlets and books is most of the relevant information needed for drug abuse information. Exclusion of other periodicals and books from this list in no way signifies that they are not to be con-

sidered, or that some might not even be better than those listed.

The selection was based primarily on the sufficiency, completeness and accuracy of the content; and on the absence of bias and slanting of information that might be counter-productive. All articles obviously contain bias, no matter what the intent of the author for neutral detachment in reporting. But that bias must arise from the facts, not from mere speculation, emotionality, or political expedience.

The publications by the Canadian and United States commisssions of inquiry were listed (even though biased by political considerations) because their factual content is accurate and offers the most updated information available on marijuana.

Appendix F

alcohol & drug section
mental health division
6th Floor Henry Building
309 S.W. 4th Ave.
Portland, Oregon 97204
223-6243 area code 503

some major narcotics, dangerous drugs and chemical compounds commonly abused

FACT SHEET

DRUG	PHARMACOLOGIC CLASSIFICATION	LEGAL CLASSIFICATION	PHYSICAL SYMPTOMS AND BEHAVIOR PATTERNS	POTENTIAL FOR PHYSICAL DEPENDENCE	POTENTIAL FOR PSYCHOLOGICAL (EMOTIONAL) DEPENDENCE	TOLERANCE (NEED FOR LARGER DOSES)	MAJOR DANGERS
1. Narcotics: Opium Morphine Heroin Codeine Paregoric	Central Nervous System Depressants	Narcotic	Constricted pupils Watery eyes-running nose Chills-sweating Loss of appetite-weight Mental-physical dullness Drowsiness, sleepiness, stupor	Yes	Yes	Yes	General physical deterioration Antisocial acts Interference of pain threshold Painful withdrawal symptoms Death from overdose
2. Barbiturates: (Sleeping Pills) Luminal Nembutal Amytal Seconal	Central Nervous System Depressants	Dangerous Drug	Constricted pupils Drunk appearance Slurred speech Incoherency Depression Drowsiness Dullness Unconsciousness	Yes	Yes	Yes	May cause damage to brain; or liver damage possible Some indication of kidney damage Painful withdrawal symptoms Pneumonia, convulsions Death from overdose
3. Amphetamines: (Pep Pills) Benzedrine Dexedrine Methedrine	Central Nervous System Stimulants	Dangerous Drug	Dilated pupils Dry nose, lips, mouth Bad breath Rapid speech Extreme fatigue Confused thinking Excitability Sleeplessness Nervousness	No	Yes	Yes	Malnutrition, exhaustion, pneumonia Delusions and deliriums Can develop high blood pressure or heart attacks Effects on circulatory system Potential for brain damage
4. Cocaine:	Central Nervous System Stimulant	Narcotic	Dilated pupils Loss of appetite-weight Euphoria Feelings of well-being Excitability Restlessness Tremors, especially of hands	No	Yes	No	Mental confusion and dizziness Depression Feelings of persecution Convulsions Death from overdose
5. Hallucinogens: (Psychedelics) LSD Mescaline Peyote Button Psilocybin	Central Nervous System Stimulants and/or Depressants	Dangerous Drug	Dilated pupils Cold hands-feet Goose pimples Nausea-vomiting Chills-trembling Illusions-delusions-hallucinations Laughing-crying Incoherent speech	 No No No No	 Yes Yes Yes Yes	 Yes No No No	Bizarre mental effects Unpredictable behavior Exhibit dangerous acts of invulnerability Suidical tendencies Chromosomal damage Possible brain damage
6. Marihuana: (Common term for Cannabis sativa)	Central Nervous System Stimulant and/or Depressant	Narcotic	Reddening of eyes Dry mouth-throat Coughing spells Euphoria Exaggerated sensory perceptions Talkative-laughter Drunk appearance	No	Yes	No	May hinder physical and mental functions Distortion in sense perceptions, especially time Can facilitate contact with persons using more dangerous drugs Interferes with pain threshold

some major narcotics, dangerous drugs and chemical compounds commonly abused

DRUG	PHARMACOLOGIC CLASSIFICATION	LEGAL CLASSIFICATION	PHYSICAL SYMPTOMS AND BEHAVIOR PATTERNS	POTENTIAL FOR PHYSICAL DEPENDENCE	POTENTIAL FOR PSYCHOLOGICAL (EMOTIONAL) DEPENDENCE	TOLERANCE (NEED FOR LARGER DOSES)	MAJOR DANGERS
7. Tranquilizers: A. Major Phenothiazines	Central Nervous System Depressants *(Mood Modifier)	Dangerous Drug	Sweating-skin rash Increased or decreased libido Nausea-vomiting Depression Mental sluggishness Urinary retention Constipation Anger-anxiety-tension Agitation Excitability Slurred speech	Yes	Yes	Yes	Visual disturbances Dizziness Hyperexcited Hazardous irrational acts
B. Minor Equanil Valium Librium	Central Nervous System Depressants	Dangerous Drug		Yes	Yes	Yes	Visual disturbances Dizziness Drowziness Interferes with pain threshold
8. Deliriants: (Volatile chemical compounds used in sniffing) Airplane glue Plastic cement Toluene Paint thinners Gasoline Freon	Central Nervous System Depressants	None	Enlarged eye pupils Double vision Excessive oral secretions Irritation around nose-mouth Sneezing-coughing Chest pain Hearing difficulties Drunk appearance Angry-irritable Drowsiness Unconsciousness	Unknown	Yes	Yes	Bizarre mental effects Antisocial acts May exhibit dangerous acts of invulnerability Long and heavy use has potential for serious and possible damage to brain, heart, lung, kidney, liver, blood forming and other organs Death from choking or suffocation
9. Alcohol: (Ethyl)	Central Nervous System Depressant	None	Heartburn Gastritis Nausea-vomiting Increased urinary flow Malnutrition Various diseases Various mood states Often beats spouse-children-pets Anger-anxiety-tension-fear Belligerent	Yes	Yes	Yes	Antisocial acts Danger of self-destruction or injury to oneself or others Interference with pain threshold Irreversible brain and other organ damage Coma, shock, circulatory and respiratory failure resulting in death

ES9-5-5
TMC - MST

*Major tranquilizers are those with antipsychotic activity. These include essentially that group of psycho active substances known as the phenothiazines. Though they are primarily used in those settings in which confusion, hyperactivity, and agitation are the prominent symptoms, the phenothiazines sometimes have been used in depressive states. Though seemingly paradoxical, these drugs occasionally have been effective here, because they suppress the accompanying anxiety.

Appendix G

PORTLAND HOT LINE APPLICATION

Date_____19__

1. Name _____
   Last First Middle
2. Home address_____
   Street and number
   _____
   City State Zip
3. Telephone: Home: _____ Work:_____
4. Business address_____
   _____
5. Age _____ Date of birth_____19_____
6. Married Single Widow(er) Other_____ (Circle One)
7. Education: Circle highest grade completed.
   1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

   Degrees earned: _____ Major fields:_____

   Other training (On the job training, etc.)_____

   _____
8. Present employment _____

   _____
9. Experience with social service agencies (other than Hot Lines, etc.)

   _____

   _____
10. In what way do you feel you can help at Hot Line? _____

    _____
11. Please state why you are interested in Hot Line: _____

    _____
12. How much time can you contribute to the Hot Line program? _____

    _____

Appendix H

PORTLAND HOT LINE PLEDGE SHEET

As you begin the Hot Line training program, we would like for you to agree to the following stipulations:

1. Minimum age of 16 years.
2. A willingness to work at least three shifts per month for a six-month period.
3. Attendance at the general Hot Line staff meetings (usually one every two months).

If you are assigned to work and are unable to do so, it is your responsibility to find a substitute and notify the Hot Line secretary of any change made.

This is not intended to be a binding contract but rather an expression of your willingness to work.

_____
(Signature)

Appendix I

HOT LINE CANDIDATES' DUTY PREFERENCE CARDS

Manager

Mike Needleman
12930 S.E Washington Square
Portland, Ore. Ph. 252-9292

Sept. '72	Can work 4 times a month
Dec. '72	substitute on wed., best Th. & Sun.
Feb. '73	gone spring vacation - (last wk of March) Can work week days until 8 p.m. Can work Wed. & Th. no fri nights except 12-4
March '73	Not Thanksgiving — Tues, Wed, Fri. are bad still work weeknights until 8 or 9 p.m
July '73	Will be gone after Sept. 12.

ASSISTANT

Mary Bellmare
7251 S.W. Pine Ph. 664-8871
Gresham, Ore. 97030

Nov. '71	No wed. or Tues nights. No first Thursday of the month. Not second shift Friday
Sept. '72	Will work mondays & Thursdays
Jan '73	No mondays
Feb '73	Will be in Hawaii March 19-26

Appendix J

DUTY ROSTER

MONTH May **YEAR** 1972

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 Russ Thompson Jeff Schroth Cathy Blettel Peggy Sellers	2 Jim Etzkorn Tom Cauthers Marge Larsen	3 Keith DeCourcey Jan Alderman Patty Cook VISITORS	4 Leo Tautfest Michaele Dexter Sue McFee Jim Armstrong Lincoln Park The Cry	5 Don O'Neill Greg Byler Jeff Lothman Ron Maas Nancy Lewis Juli Cross Mike Dodson	6 Dennis Bryson Lois Poole Tim Finley Sheryl Hume Marcine Kammeyer Carol Reames Brian Runte
7 Brent Carlson Teresa Ascenzi Donna Kent Pat McMurray VISITORS	8 Bruce Nemes Virginia Donahue Bill Runte Jim Armstrong	9 Leo Tautfest Wendell Basye John Borroz Dianne Anderson	10 Al Ludwick Kathy Goodwin Joe Brooks Marty Thielen The Cry	11 Gregg Monroe Tom Cauthers Cindy Dinges Sheryl Hume Professional Meeting 7:30	12 Brent Carlson Jeannie Holmes Corki Swaggart Ed Lannigan Marcine Kammeyer Bea Ballard Brian Runte	13 Ted Peetz Karen Price Ken Moore Debbie Friday Jackie Green Jeff Lothman
14 Cathy Langley Doug Hoffman Cindy Burnett Dave Hakanson	15 Keith DeCourcey Lane Hammer Debbie Horton Cauthorns Sheryl and Kay	16 Ted Peetz Tony Zeazas Ivar Godtlibsen Marge Larsen	17 Jim Etzkorn Jan Alderman Sue McFee Marc Tinsley	18 Bob Barnhart Mary Bell Nancy Lewis Ron Maas	19 Bruce Nemes Karen Price Cathy Blettel Jeff Schroth Phil Casciato Betty Frischmann	20 Brent Carlson Carol Reames Donna DeLay Ed Lannigan Marcine Kammeyer Michaele Dexter Jon Woodworth
21 Al Ludwick Candy Dinges Virginia Donahue Jeannie Holmes	22 Virginia O'Toole Joe Brooks Marty Thielen Teresa Ascenzi	23 Dennis Bryson Bea Ballard Wendall Basye Corki Swaggart	24 Bachofners Jackie Green Kathy Goodwin Debbie Horton	25 Bob Barnhart Carol Reames Juli Cross Dave Hakanson	26 Jim Etzkorn Tim Finley Cindy Burnett Donna Kent Ken Moore Mike Dodson	27 Don O'Neill Ivan Godtlibsen Corki Swaggart Tony Zeazas Gary Haven Jon Woodworth
28 Keith DeCourcey Nancy Howe Marc Tinsley Doug Hoffman	29 Virginia O'Toole Peggy Sellers Betty Frischmann Lois Poole	30 Cathy Langley Lane Hammer John Borroz Pam Neill	31 Bachofners Tammy and Fred Phil Casciato Patty Cook Jim Armstrong			

Appendix K

SAMPLE FILE CARDS
FOR REFERRAL AGENCIES

PROBLEM SOLVERS (Oregon State Bar Association) 229-5476
808 S.W. 15th Avenue
Portland, Oregon 97205
Free legal aid to persons 12-20, in exchange for their donating time in community service programs.

EMPLOYMENT DIVISION, STATE OF OREGON

Downtown Office
1407 S.W. 4th Avenue
Portland, Oregon 97204
229-5711

Southeast Office
3524 S.E. 52nd Avenue
Portland, Oregon 97206
229-6081

North Portland Placement
5022 N. Vancouver Avenue
Portland, Oregon 97217
280-6914

Appendix L

LOG SHEET

Staff Member _____ Date _____

_____ _____ _____ _____
Starting Time Finishing Time Sex Age Range

Type of problem: (Circle one)

Medical	Family	Suicide	Rap	Place to crash
Drugs	Marital	Depression	Boy-Girl	Information about Hot Line
V. D.	Runaway	Legal	School	
Pregnant	Alcohol	Sexual	Other _____	

Comments: _____

_____

Result of call: _____

_____

Should this call be logged by the Professional for future reference? Yes No

THE PORTLAND HOT LINE

LOG SHEET

Staff Member _____ Date _____

_____ _____ _____ _____
Starting Time Finishing Time Sex Age Range

Type of problem: (Circle one)

Medical	Family	Suicide	Rap	Place to crash
Drugs	Marital	Depression	Boy-Girl	Information about Hot Line
V. D.	Runaway	Legal	School	
Pregnant	Alcohol	Sexual	Other _____	

Comments: _____

_____

Result of call: _____

_____

Should this call be logged by the Professional for future reference? Yes No

Appendix M

CONFIDENTIAL

FREQUENT CALLER SHEET

_____ (First name of the caller in question)

_____ (Staff member's name)

NAME_____ AGE_____ DATE_____19__

EDUCATION_____ PHYSICAL CONDITION_____

MENTAL CONDITION_____ (CIRCLE) MARRIED SINGLE WIDOWED SEPARATED DIVORCED

IS CALLER WORKING? YES NO _____ TYPE OF JOB

DOES THE CALLER HAVE A FAMILY? YES NO _____ AGES OF THE CHILDREN

_____ REASON FOR FIRST CALL, IF KNOWN

HOW OFTEN DOES THE CALLER CALL PER NIGHT? 1 2 3 4 5 more

LIST SOME COMMON CHARACTERISTICS ABOUT THE CALLER:

1.

2.

3.

4.

5.

HOW DOES THE CALLER ACT TOWARDS YOU? _____

_____

LIST THE MOST COMMON COMPLAINTS OF THE CALLER:

1.

2.

3.

4.

5.

HAS THE CALLER BEEN DOWN TO THE HOT LINE CENTER?_____

Appendix N

TELEPHONE SIMULATION
RATING FORM

_____ 19___
Date

Name_____ Age_____

Group_____ Professional Assistant (Circle One)

Rating Scale: 1-5 (5-Excellent, 4-Good, 3-Average, 2-Fair, 1-Poor)

	1	2	3	4	5	Comments
A. Voice control (way person reacts to talking)						
B. Anxiety control (nervous, voice shaking, excitable)						
C. Answering phone (Correct form)						
D. Objectivity (Does not become emotionally involved)						
E. Interest (Desire to help)						
F. Confidence (Ability to do things for self)						
G. Empathy						
H. Word usage (Use of reasonable language)						
I. Continuance (Able to follow through with the problem)						
J. Evaluation of what can be done re: calls						

Underline one and give the reason:

Recommended Needs more training Not recommended

Reason: _____

_____

_____

_____

Evaluator: _____

Appendix O

THE PORTLAND HOT LINE
COMPREHENSIVE EXAMINATION

Name _____ Date _____

1. Caller says she is 16, is two months pregnant, and is very upset because of what some of her girlfriends are telling her. She asks you:

   a. can she be forced to have an abortion, if she does not want one? _____
   b. can her boyfriend be forced to pay the hospital bills? _____
   c. do her parents have to know, if she has an abortion? _____

2. Caller is 18 years old, girl, who is living with her boyfriend. Her parents have told her that what she is doing is illegal. Is this true, according to Oregon law? _____

3. The caller is a 14-year-old boy who has run away to a friend's house. He wants to know if his friend or his friend's parents will "get into trouble" if they do not tell the caller's parents where he is. Will they be "in trouble?" _____

4. The caller is 15 years old, male, who says he has had sexual intercourse recently, and now it hurts to urinate, and he has a drip.

   a. he wants to know if you think he has V. D. Do you?_____
   b. do his parents need to know if he goes for treatment?_____

5. Match the following terms and definitions:

_____psychological dependence	A. Withdrawal
_____increasing need for a drug	B. Tolerance
_____physical and psychological dependence	C. Addiction
_____bodily reaction to absence of drug	D. Habituation

6. The caller wants help for her boyfriend, with whom she is living. He is unhappy and moody, until he takes some pills then he gets very excited, goes without eating or sleeping, but sometimes becomes angry and beats her up. When the drug wears off he is more depressed than before. What drug do you think he is taking? _____

7. The caller says he needs help; he is having flashbacks. What kind drug do you think he has been using? _____

8. The caller says her girlfriend is acting strangely---getting very sleepy, and unable to stay awake. You ask if she has been using any drugs or medication. She tells you that her friend was at a party, took something called "reds", and drank some wine. Is her friend in danger? _____ What will you tell the caller to try to do to help her friend? _____

9. The caller says he has been hooked on barbituates. He wants to kick the habit. If he says he is a heavy user, should he try to do it alone? _____ Why, or why not? _____

_____

Where would you send him for help? _____

10. The caller is male. He does not give his age. He explains that he has a friend who masturbates too much; he asks you what he can do to help his friend stop masturbating. What information can you give him?

_____

11. The caller is female, who wants to know if she is pregnant; her menstrual period is three days late, and she had intercourse three times last month.

a. can you tell her if she is pregnant? _____
b. list one agency to which you can refer her _____

12. Below are several sentences which you might hear when taking calls at the center; after each sentence, write down what you think is the best way to respond to the caller.

"Can't you tell me what I should do?" _____

_____

"I feel so far down, I don't care if I ever get up!" _____

_____

"Help me! If you don't do something, I'm just going to go out of my mind!" _____

_____

"I'm so messed up, I don't know what I'm going to do." _____

_____

"You've been so helpful. I really appreciate the way you have tried to help me. Do you think we might get together, just once? Please?"

_____

_____

13. The caller is a girl in her teens who says her father has molested her while her mother has been away. She has no relatives in the city with whom she can stay, and her mother says she does not believe that her father would do something like that. She wants to know what will happen if she goes to J.D.H.

a. will she be kept there a week without being seen by the judge at the court? _____

b. will her parents have to come to the court? _____
c. will the court try to keep her there indefinitely? _____

14. The caller is 16 years old, male, who is thinking of leaving home, but wants to talk to someone about his problems. If he goes to see a counselor at J.D.H., will he have to go before the court? _____

15. The caller is 17 years old, male, has been treated for V. D.; he has been asked to supply the names of persons with whom he has had sexual contact; he asks you why they really want this information. What would you tell him? _____
He says his girlfriend swears she has no symptoms of V. D. Could she still give it to him? _____

16. The caller is a 19-year-old male, who says that he is being troubled by strange ideas that keep invading his mind. He hasn't been able to sleep well, even when he feels very tired. He says that he doesn't use drugs, because he is afraid of them. He is afraid he is going crazy, and asks you what he should do. List below as many suggestions as you can about where he could go for help.

_____

_____

_____

17. The caller is a married woman whose husband is serving a 10-year sentence for robbery. She has two children 3 and 5 years old. She has decided that since this is the second time he has committed a crime while drunk, she does not want to wait for him; her family wants her to divorce him immediately, but she doesn't want to be pushed into it. Her husband has written to her, asking her to wait for him. She hasn't written back. Write down three questions you might ask her to help you understand her situation. _____

_____

_____

18. The caller is 17 years old, a girl whose high school counselor has suggested that she go for counseling at the County Mental Health Clinic. The appointment is tomorrow, and she is very nervous. She knows she needs help, but is afraid that she will not know what to say. Give two ways you can help her prepare for her appointment. _____

_____

_____

19. The caller is male, who first said that he called to talk about problems with his teenage children and wife. He then says he is tired of fighting it all, that he has lost his job, fears that he is losing his grip. He says he wants to end it all. You notice his speech is slowing down and he tells you he has taken some pills, and has been drinking. What does he need from you? _____

_____

_____

If he indicates he might have changed his mind and wants help, what information do you need? _____

_____

_____

What resources can we use to get help for him? _____

_____

_____

20. The caller, 15 years old was taken to Dammasch Mental Hospital, asked to commit herself for treatment; she refused and was referred for counseling to a psychologist. She does not want to continue counseling with him because she is afraid of medication. She asks you, what should she do? Write in the space below three questions that you might ask her to help clarify her situation for you:

_____

_____

_____

_____

Write down three possible courses of action for this caller:

_____

_____

_____

Be sure before you leave that you fill out a card with your name, <u>current</u> address and telephone number, the days you can work and any days you are sure you <u>cannot</u> possibly work on the Hot Line and how many times per month you feel you could serve.

Thank you!

Appendix P

SELF-EVALUATION FORM

NAME_____ DATE_____ AGE_____

ADDRESS_____ PHONE_____

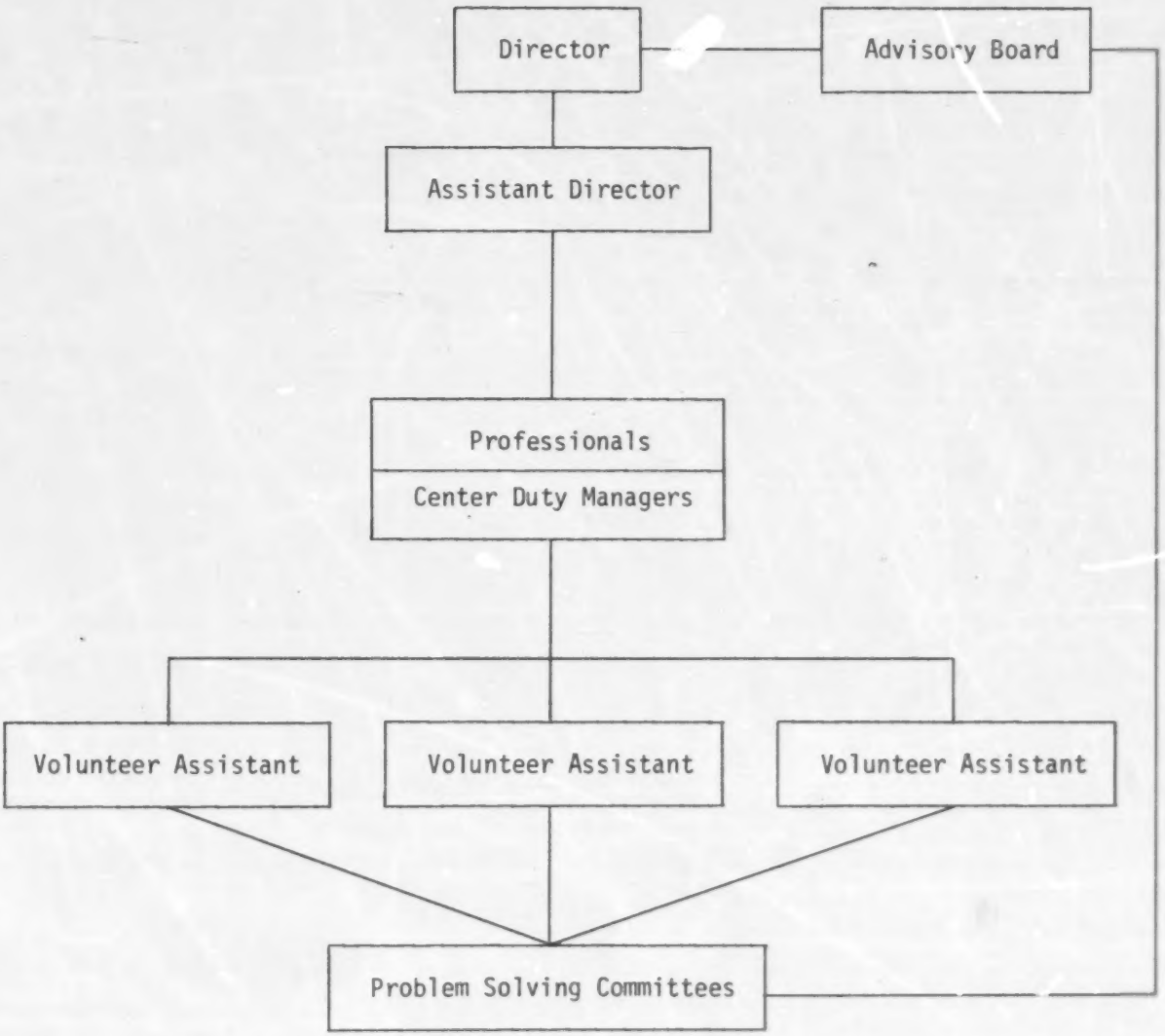
SELF RATING SCALE 1-5 (5-Excellent, 4-Good, 3-Average, 2-Fair, 1-Poor)

	1	2	3	4	5	Comments
1. Am I punctual in being present for my shift?						
2. Do I take an interest in the program?						
3. Do I care about the center and the way it looks?						
4. Am I able to remain rational, objective and constructive about aspects of the center I disapprove of?						
5. Am I able to talk things over that I feel with the person in charge?						
6. Do I attend seminars on a regular basis?						
7. Am I able to keep up with new information about the service?						
8. Do I control my voice when talking to people?						
9. Do I allow myself a chance to keep my own feelings out of the way I react to people when I am talking to them?						
10. If I feel nervous, do I control my actions or do I have a tendency to allow my nervousness to interfere in the way I respond to the caller?						
11. Do I answer the phone correctly: Hot Line, this is (name), may I help you?						
12. Am I able to not bring in my own problems when I talk to a person?						
13. Am I able to control my feelings about people, when I talk to them whether I feel positively or negatively about the problem?						
14. Do I have a desire to help people or am I just working to make myself feel good?						

	1	2	3	4	5	Comments
15. If I have a problem that bothers me, do I seek a solution to the problem?						
16. Do I have confidence in myself when talking to people about problems?						
17. Do I know when to refer for people who are experiencing problems that I do not understand?						
18. Does it bother me to refer to another worker?						
19. Do I feel defeated if I cannot solve all the problems being brought out to me?						
20. Am I able to use words that will not be too direct and intimidating to a caller?						
21. Do I seek to control my language and consider the way the person is responding to the things I say?						
22. Do I have enough knowledge about resources around me to be able to refer people?						
23. Am I able to call other resource people out of the center and talk to them intelligently about the needs of a caller?						
24. Am I able to accept constructive criticism from my fellow workers?						
25. Am I able to respect the feelings of my fellow workers---do I allow myself to understand that they have some rights too?						
26. Am I able to accept the fact that boredom may creep in at times? Do I adjust to this boredom?						

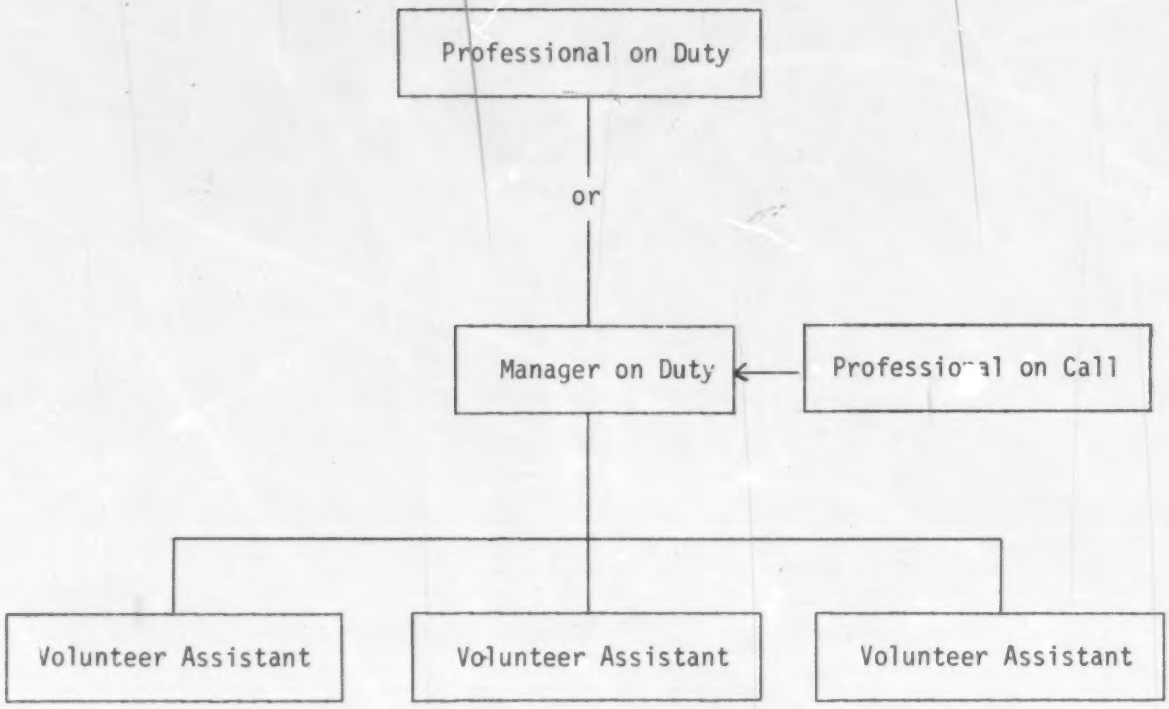
Appendix Q

HOT LINE STAFF ORGANIZATION CHART



Appendix R

HOT LINE CENTER ORGANIZATION CHART



When a professional is present, he or she should be in charge of both the facility and the counseling activity. If the professional is not present, a manager with Hot Line experience should be in charge and a professional should be on call in case of an emergency or extremely difficult counseling situation.